ISOLATION HOSPITAL

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32740

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 703 File No. .....

City ST. LOUIS MO. (No. ISOLATION HOSPITAL St. ..... Ward) Registered No. 8794

2. FULL NAME HANNAH REED

(a) Residence, No. 3223 N. 14th St., 26 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF THE LATE WILLIAM REED

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 2nd 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO.

FATHER

13. NAME Unknown?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown?

MOTHER

15. MAIDEN NAME Unknown?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown?

17. INFORMANT (ADDRESS) STELLA GRADY 5600 ARSENAL ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEM. DATE SEP 22 19 37

19. UNDERTAKER (ADDRESS) Edward Koch 3516 N 14th St

20. FILED SEP 21 1937 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-14 1937, to 9-19- 1937

I last saw h.e.r alive on 9-19- 1937. Death is said to have occurred on the date stated above, at 11 o'clock A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	9-11-37
Chr. Myocarditis	

Other contributory causes of importance: 93C

Name of operation None Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Bredeck, M. D.

(Address) 5600 Arsenal St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.