

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

DEC 13 1937

39502
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791 2**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **Missouri-Baptist Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. **1** mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Cora A. Reed

(a) Residence, No. (Usual place of abode, if no street address, write county or city) St. **NR** **Renault, Illinois**
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John C. Reed**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 14th, 1875**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 0 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) **October 12th 1937** 11. Total time (years) spent in this occupation **40 Yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tipton, Illinois**

13. NAME **B. J. Proctor**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Decatur, Illinois**

15. MAIDEN NAME **May A. Burns**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tipton, Illinois**

17. INFORMANT (ADDRESS) **John C. Reed Renault, Illinois**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Renault, Illinois** DATE **November 13, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Albert H. Hoppe Inc., 429 N. Euclid Avenue**

20. FILED 19 **NOV 12 1937** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 10th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct-25**, 19**37**, to **Nov-10**, 19**37**.
I last saw him alive on **Nov-10**, 19**37**. Death is said to have occurred on the date stated above, at **1:30 P.M.**
The principal cause of death and related causes of importance were as follows:

Pericardial Anemia Date of onset

Other contributory causes of importance: **Broncho pneumonia**

Name of operation **None** Date of.....
What test confirmed diagnosis? **Post** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **No** 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? **No**
If so, specify (Signed) **T. J. Hall**, M. D.

(Address) **4903 Belmont**

STATEMENT BY LICENSED EMBALMER

I, Bey C Lunan, Licensed Embalmer No. 2272
hereby certify that the body recorded on the reverse side of this certificate was embalmed by M

L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Bey C Lunan
Licensed Embalmer No. 2272

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)