

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

647
Do not use this space.

1. PLACE OF DEATH ^{FEB 12 1938} 2306 Lucas Ave
 (a) County Registration District No. 791
 (b) Township Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. St.
 (e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Rebecca Reid 300
 (a) Residence, No. 3306 Lucas Ave St. 21 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertrand Reid
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4th 1897
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 40 3 8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 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)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mobile Ala
 FATHER 13. NAME Gillie Hedgemon ?
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala
 MOTHER 15. MAIDEN NAME Amanda
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT Bertrand Reid (ADDRESS) 3306 Lucas Ave
 18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Jan. 16 1938
 19. FUNERAL DIRECTOR Jas. H. Randle & Son (ADDRESS) 3133 Bell Ave
 20. FILED JAN 15 1938 J. G. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1938
 22. HEREBY CERTIFY, that I attended deceased from Jan 11 1938 to Jan 12 1938. I last saw her alive on Jan 11 1938. Death is said to have occurred on the date stated above, at 2:15 am.
 The principal cause of death and related causes of importance were as follows:
 Cerebral Apoplexy -
 Hypertension
 Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?
 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) A. W. Graddy M. D.
 (Address) 1005 N. Laffayette

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.

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Heilliard, Licensed Embalmer No. 3389

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Arthur L. Heilliard

Licensed Embalmer No. 3389

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.)