

REC'D MAY 10 1938

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

13198 Do not use this space.
Registered No. 3802

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. Deaconess 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alvin D. Reed 300

(a) Residence, No. 6365 Murdoch St. 14
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25th 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 10 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Engineer
 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 John S. Reed
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Margaret Shuhart
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield Mo.

17. INFORMANT Vernie E. Reed
(ADDRESS) 6365 Murdoch18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 4/23/3819. FUNERAL DIRECTOR J. L. Ziegenhein & Sons
(ADDRESS) 7027 Gravois Ave20. FILED J. D. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23-38 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1938, to Apr 23, 1938
 I last saw him alive on Apr 22, 1938 Death is said to have occurred on the date stated above, at 6 A. M.

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

Carcinoma Prostate 2 yrs
Chronic Pyelonephritis 2 yrs
arterio sclerosis 10 yrs

Date of onset

Other contributory causes of importance:

Chronic myocardiitis 10 yrs

Name of operation none Date of.....
 What test confirmed diagnosis? Biopsy 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? no
 If so, specify.....
 (Signed) J. D. Budick, M. D.

(Address) 607 N Grand

APR 25 1938

STATEMENT BY LICENSED EMBALMER

I, Clarence P. Kidwell, Licensed Embalmer No. 3877

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Clarence P. Kidwell

Licensed Embalmer No. 3877

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.)