

JUN 13 1938

DEC 9 JUL 7 1938

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

22949
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Co. Registration District No. 784
(b) Township River-view Gardens Primary Registration District No. 200 Registered No. 1013
(c) City River-view Gardens (d) Street No. 305 Senic Dr. 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 Florence F. Reid

(a) Residence, No. 305 Senic Drive St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Fred A. Reid
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-18-1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 1 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house-wife
9. Industry or business in which work was done, as 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) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME Robert Flavin

FATHER 14. BIRTHPLACE (CITY OR TOWN) Louisiana (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Ann Kennedy

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

17. INFORMANT Fred A. Reid (ADDRESS) 305 Senic Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. June 14, 1938

19. FUNERAL DIRECTOR Alexander and Sons (ADDRESS) 6175 Delmar Blvd.

20. FILED JUN 13 1938 J. C. Meyer, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1938

22. I HEREBY CERTIFY That I attended deceased from SEPT. 1937 to JUNE 1938, 1938

I last saw her alive on June 12, 1938. Death is said to have occurred on the date stated above, at 6:15 P.M.

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

Carcinoma of Liver (Primary) Date of onset 9/37
Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

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 W. H. Hammond, M. D.
(Signed) _____ (Address) 21 Gallatin

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.

1 X12604

21 Halls Ave.
Parsippany 5028

STATEMENT BY LICENSED EMBALMER

I, J. Wm. Binkley, Licensed Embalmer No. 3653
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed J. Wm. Binkley
Licensed Embalmer No. 3653

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.)