

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

8222
 Do not use this space.

APR 12 1939

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **1117 a Newhouse Ave** 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 **Margaret Reed**

(a) Residence, No. **1117 a Newhouse Ave** St. **26** (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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 14th 1873**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	65	5	14	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Seamstress**
 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) **St Louis**
 (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **David J Reed**
 14. BIRTHPLACE (CITY OR TOWN) **St Louis**
 (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Johanna Cousins**
 16. BIRTHPLACE (CITY OR TOWN) **Limrick**
 (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Dr John Blake**
 (ADDRESS) **1117 a Newhouse**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Calvary** DATE **March 3rd 1939**

19. FUNERAL DIRECTOR (NAME) **Stroot - Carroll**
 (ADDRESS) **4600 Natural Bridge Ave**

20. FILED **MAR 2 1939**
J. B. ... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 28th** 19 **39**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 3** 19**39**, to **Feb 22** 19**39**
 I last saw him alive on **Feb 22** 19**39**. Death is said to have occurred on the date stated above, at **7.10pm**
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Intestine

Date of onset

Other contributory causes of importance:

Name of operation **None** 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? **no**
 If so, specify _____
 (Signed) *Sean J. ...* M. D.
 (Address) **4032 a W. ...**

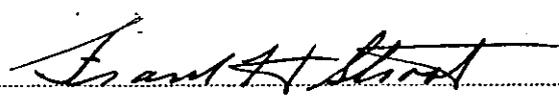
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... 

Licensed Embalmer No. 2265

P. O. Address. 4600 Mt. Bridge

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.)

If this body is not embalmed, above space should be left blank.