

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

20218
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City St. Louis or (d) Street No. City Hospital No. 1 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

William Reid
(a) Residence, No. 218 South 4th St. 25 (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 male 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) Dec 4, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 0

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. nil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

MOTHER FATHER
13. NAME William Reid

14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Eliza ?

16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

17. INFORMANT Hosp. Info M. Kent (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE MARINE ILLINOIS DATE JUNE 5 1939

19. FUNERAL DIRECTOR (NAME) Jas W Clark (ADDRESS) 125 Northampton Ave St Louis Mo

20. FILED JUN 5 1939 J. F. Brudwick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/4/39 1939

22. I HEREBY CERTIFY, That I attended deceased from 5/18/39 to 6/4/39, 1939

I last saw him alive on 6/4/39, 1939. Death is said to have occurred on the date stated above, at 5.35 a

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

Probable Intuboma of testicle, left. e metastases to lung.
Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Autopsy 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? If so, specify
(Signed) [Signature], M. D.
(Address) City Hospital No. 1

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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..... *A. J. Neely*.....
Licensed Embalmer No. *3225*.....
P. O. Address *1125 Goddardmont Ave*.....

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.