

FILED MAR 12 1940 791

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. **1898**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1116 S. Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **22**
(If outside city or town limits, write "RURAL")
(d) Street No. 1116 So. Jefferson
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **300** Anna Reed

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William C. Reed 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased December 28 1884
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Robert O. Hara

18. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Myra Daley

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant William Reed

(b) Address 1116 S. Jefferson

17. (a) Burial (b) Date thereof 2/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director E. J. Schnur

(b) Address E. J. Schnur 3125 Lafayette

19. (a) FEB 25 1940 (Registrar's signature) J. F. Bredet

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 22
year 1940 hour 5:50 minute P M.

21. I hereby certify that I attended the deceased from January 15, 1940 to February 22, 1940
that I last saw her alive on February 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death uremia nephrosis
Due to moderate hypertension

Other conditions Hemiplegia (of)
(Include pregnancy within 3 months of death)

Major findings: Of operations 191
Of autopsy _____

Duration
10 day
3 yr.
1 to 2 yr.
3 yr.
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury !
23. Signature H. A. O'Sullivan (M. D. or other) M.D.
Address 421 W. Schurmer Date signed 2/24/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Joseph B. Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette 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.