S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17049

JUN 15 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4527

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: Homer G. Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 mos 3 days (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, Mo.
(If outside city or town limits write "RURAL")

(d) Street No. 4367 Enright
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME Maria Reed

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Not Known (Month) (Day) (Year)

8. AGE Years About 79 | Months | Days | If less than one day hr. min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Jerry Taylor
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Pinkie Bryant
(b) Address 4367 Enright Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Music Missouri

18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 2726 Lucas Ave.

19. (a) MAY 22 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 18 year 1940 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from 9-15- 1939 to 5-18- 1940; that I last saw her alive on 5-18- 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis, General	About 8 years
Due to Hypertensive Heart Disease	
Senile Dementia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. J. Lyman (M. D. or other)
Address 2601 N. Whittier Date signed 5-20-1940

(Licensed Embalmer's Statement on Reverse Side)

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 Birdie Beal Anderson

Licensed Embalmer No. 2929

P. O. Address.....

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.