No. 2
1-13-40
1-17-39
X23159

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. 33566

NOV 16 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8263

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: 3141-A Evans Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community 45

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 3141-A Evans.
(If rural, give location)

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

3. (a) PRINT FULL NAME Hattie Willis Reed

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col.

6. (a) ~~Single, widowed, married,~~ divorced ✓

6. (b) Name of husband or wife

6. (c) Age of husband ~~or wife~~ if alive 45 years

7. Birth date of deceased Aug. (Month) 1 (Day) 1895 (Year)

8. AGE: Years 45 Months 1 Days 26 If less than one day hr. min.

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

10. Usual occupation First Aid Nurse

11. Industry or business

FATHER
12. Name James Willis
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Johanna Hunter
15. Birthplace Baton Rouge, La. (City, town, or county) (State or foreign country)

16. (a) Informant James Reed
(b) Address 3141-A Evans Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/40 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Pinkie Toney
(b) Address 3129 Lucas Ave

19. (a) OCT 4 1940 (Date received local registrar) (b) J. F. Budbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30- year 1940 hour 5:00 minute A.M.

21. I hereby certify that I attended the deceased from 9-29- 1940 to 9-30 1940 that I last saw h. alive on 9-30- 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 5 days

Due to

Due to

Other conditions None
(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 LeRoy Dabbs (M. D. or other)
Address 1003 S Grand Date signed 10-3-40

(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~~ me

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

working under my personal supervision.

Signed Clark Manning

Licensed Embalmer No. 3371

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.