

Registration District No. **791**

Primary Registration District No. **1003**

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:
BARNES HOSPITAL
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 1 day
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME JANE BLANE REID

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

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased. August 29 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 3 23 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name Hugh Reid

13. Birthplace Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Isabel Fitch

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

16. (a) Informant Nancy Reid

(b) Address 6814 Virginia ave.

17. (a) Burial (b) Date thereof Dec. 24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director C. Hoffmeister M. & Co.

(b) Address 7814 S. Broadway

19. DEC 23 1940 (c) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County.....
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 6814 VIRGINIA
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 22
year 1940 hour 7 minute 50 A.M.

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

Immediate cause of death: Labor, puerperal (Friedländer)

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Same as above

Duration.....
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 R. E. Shank (M. D. or other)

Address BARNES HOSPITAL Date signed 12/22/40

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

Ernest H. Lechinger

Licensed Embalmer No.

4046

P. O. Address

6464 Chippewa

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, fact should be so stated above.