

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REGISTRATION DISTRICT NO. 784

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8191
State File No. 0

Primary Registration District No. 111

Registrar's No. 305

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST MARYS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether
In this community 10 YRS
years, months or days)

3. (a) PRINT FULL NAME HATTIE MARIAM REED

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife ORSON DAVIS 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JULY 19 - 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER
12. Name E. P. SNELL
13. Birthplace PARIS MISSOURI
(City, town or county) (State or foreign country)
14. Maiden name MATTIE MCCANN
15. Birthplace PARIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ray S. Snell
(b) Address 648 S. Rock Hill Rd. Webster Groves, Mo.
17. (a) BURIAL (b) Date thereof FEB-10-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ROWENA MO.

18. (a) Signature of funeral director Parker Road
(b) Address Delastoyne House
19. (a) FEB - 8 1941 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 628 S ROCK HILL RD.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 7
year 1941 hour 9 minute 55 P. M.

21. I hereby certify that I attended the deceased from 1928
FEB 7 to FEB 7 1941;
that I last saw her alive on FEB 7 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 24 hrs
Due to Hypertensive vascular disease 134 yrs
Due to _____

Other conditions House of God
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy not yet fully determined
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 E. Lee Shradler (M. D. number) 0
Address 3720 Washington Date signed 2-8-41

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 W. S. Aldrich

Licensed Embalmer No. 1332--

P. O. Address Webster Grove

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.