

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4002

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5047 Waterman Ave.,
(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 600
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 1712
(d) Street No. #5047 Waterman Ave.,
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12,
year 1941. hour Four minute _____ A.M.
21. I hereby certify that I attended the deceased from June 15th
1939, to May 12th, 1941;
that I last saw him alive on May 11th, 1941;
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME HACKLEY P. REEDS.

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

4. Sex Male. (1) 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Rosalie Wright Reeds. 6. (c) Age of husband or wife if alive 62. years

7. Birth date of deceased August 1868.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72. 9. 6. _____ hr. _____ min.

9. Birthplace Louisville, Pike Co., Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired.. Salesman.

11. Industry or business _____

12. Name Gabriel Reeds.

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

14. Maiden name Margaret Jameson.

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

16. (a) Informant Mrs Rosalie W. Reeds.
(b) Address 5047 Waterman Ave.,

17. (a) Removal. (b) Date thereof May 14, 1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy, Missouri.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmar Boulevard.

19. (a) MAY 12 1941 (b) J. H. Buehler
(Date received local registrar) (Registrar's signature)

Immediate cause of death Carcinoma of Prostate Duration 3 years

Due to _____

Due to _____

Other conditions Secondary anemia
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 1

23. Signature Joseph J. Turner (M. D. or other) _____

Address 1251 Blackstone Date signed May 12-41.

1751
Murray = 1230
Apr 1 - 2 PM

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

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.