

8. No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20504

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5316

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

1. PLACE OF DEATH:
(a) County St. Louis Mo
(b) City or town St. Louis Mo
(c) Name of hospital or institution: OH owner Philipps Horst
(d) Length of stay: In hospital or institution 3 Days
In this community 28 yrs.
years, months or days

3. (a) PRINT FULL NAME Amstead REED
3. (b) If veteran, name war. None
3. (c) Social Security No. unknown

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bessie Reed
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased July 2-1913
(Month) (Day) (Year)

8. AGE: Years 27 Months 11 Days 23
If less than one day hr. min.

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

10. Usual occupation Butcher

11. Industry or business Swift Packing Home

12. Name August REED

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

14. Maiden name Archie Parks

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

16. (a) Informant Bessie Reed
(b) Address 3108 Grantmer Pl

17. (a) Burial (b) Date thereof 6-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Attard Bros. Und. Co.
(b) Address 3644 Frimery Ave.

19. (a) JUN 27 1941 (b) J. P. Oudecar
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 2836 1/2 Market St.
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 25
year 1941 hour 3 minute 15 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis and internal hemorrhage from laceration of colon pancreas and left kidney ruptured at the head of aul. Bermane emergency in self defense at 2836 1/2 Market St about 2:30 P.M. June 22 1941
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 66/66/12
Physician W. H. Perry
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) Washburn Hospital
(b) Date of occurrence June 22 1941

(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

(e) While at work? No (Specify type of place)
Means of injury Gun shot

23. Signature W. H. Perry (M. D. or other)
Address St. Louis Date signed 6/26/41

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finne

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.