

Registration District No. 751

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County Saint Louis  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home of Friendless 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 years  
(Specify whether years, months or days) 80 years

3. (a) PRINT FULL NAME ELIZABETH L. 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 Single

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

7. Birth date of deceased. September 29 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 10 28 hr. min.

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

10. Usual occupation Nil

11. Industry or business --

MOTHER FATHER { 12. Name Samuel G. Reed  
13. Birthplace Derby Line, Vt.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary E. Paige  
15. Birthplace Nashua, N. H.  
(City, town, or county) (State or foreign country)

16. (a) Informant M. Jones  
(b) Address 4431 S. Broadway, St. Louis, Mo.

17. (a) Burial (b) Date thereof Aug. 28, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.S.C.  
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) AUG 27 1941 (b) J. W. Medvek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL") 1317  
(d) Street No. 4431 South Broadway  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26  
year 1941 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 1, 1941, to Aug 26, 1941; that I last saw him alive on Aug 20, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death. Myocardial infarction ch. acute failure Duration 27  
apoptotic myocardium 27  
Due to Senility

Due to Senility  
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None  
Of autopsy 930

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) None  
(b) Date of occurrence None  
(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 None

23. Signature P. W. Crossman (M. D. or other) My. D.  
Address 404 Blair Ave. Date signed 8-27-41

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

00  
17  
9

Dr. Crossman  
4011 Blain  
10-12 & m

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 \_\_\_\_\_

*Richard H. Hoffmeister*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Edmund H. Leubinger*

Licensed Embalmer No. \_\_\_\_\_

*4049*

P. O. Address \_\_\_\_\_

*6661 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, above space should be left blank.