

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. 29982
Registrar's No. 7321

FILED OCT 18 1941
791

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
In this community _____
years, months or days

3. (a) PRINT FULL NAME Ida Reeds

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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 2 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 7 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Henry Clay Bradford

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

14. Maiden name Elizabeth New

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

16. (a) Informant E. Clark Reeds
(b) Address 2701 Geyer Ave

17. (a) Removal (b) Date thereof September 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Briscoe Missouri

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) SEP 10 1941 (b) J. T. Buddek
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5054 Thrush Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9,
year 1941 hour 3:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from September 6, 19 41 to September 9, 19 41
that I last saw her alive on September 9, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Due to: Generalized Arteriosclerosis
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: Generalized Arteriosclerosis

Duration
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? _____

(Specify type of place)
While at work _____ (e) Means of injury _____
23. Signature L. V. Mulligan (M. D. or other) _____
Address 1515 Lafayette Avenue, Date signed 9/10/41

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.....

Frank D. Owen

Licensed Embalmer No.

3240

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.