

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33138

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8092

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Mos. 16 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5800 Arsenal St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harry Reed

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

4. Sex M. 5. Color or race W.  
6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Hazel Reed  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 19th., 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 0 19 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business Resturant Owner

12. Name Henry Reed

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

14. Maiden name Alice Unknown

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

16. (a) Informant Rev. Joseph McMahon, S.J.  
(b) Address 3628 Lindell Blvd.

17. (a) Burial (b) Date thereof 10-11-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Nonnelly  
(b) Address 3840 Lindell Blvd.  
19. (a) OCT 10 1941 (b) J. J. Brubaker  
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9.  
year 1941 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from July 23. 1941 to October 9. 1941;

that I last saw h. im alive on October 9. 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions GO  
(Include pregnancy within 3 months of death)

Major findings: Of operations SD

Of autopsy Tuberculosis

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature L. V. Muellegger (M. D. or other)  
Address 1515 Lafayette Ave. Date signed 10/9/41

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

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17  
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**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 William Matre  
Licensed Embalmer No. 2825  
P. O. Address 4340 Lafayette

**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.**