

FILED APR. 17 1942 791

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

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

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Abt 12 hours
(Specify whether)

In this community 40 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4150a West Belle Place
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Maude Reid

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James Reid 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased April 4th. 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 4 If less than one day — hr. — min.

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

10. Usual occupation Laundress

11. Industry or business Day work

MOTHER FATHER { 12. Name Thomas Robinson

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

14. Maiden name Amanda Riley

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

16. (a) Informant Mrs. Lula Cooper

(b) Address 4348 Cottage Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-12-42
(Month) (Day) (Year)

(c) Place: burial or cremation Sturgeon Missouri

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) APR 10 1942 (Date received local registrar) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8, year 1942 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from —, 19—, to —, 19—, that I last saw h. — alive on —, 19—, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Chronic Interstitial Nephritis

Due to 131

Other conditions 131
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: —

Of operations: —

Of autopsy: —

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) Means of injury 3

23. Signature Thomas J. Callender (M.D. or other) 3

Address 4107 Finney Avenue Date signed 4/10/42

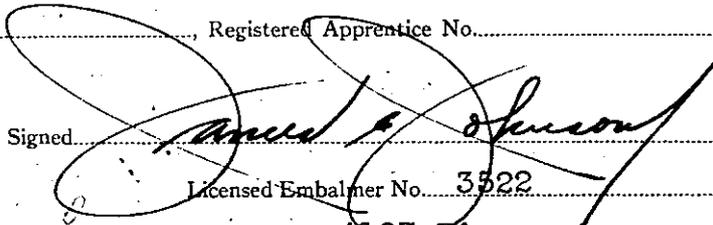
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....


.....
Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.