

FILED JUN 1 1942

Registration District No. 124

Primary Registration District No. 104

Registrar's No. 1156

1. PLACE OF DEATH: **St. Louis**
 (a) County St. Louis
 (b) City or town Ferguson,
 (c) Name of hospital or institution: 1322 So. Florissant Rd. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Life (Specify whether)
 In this community Life
 years, months or days

3. (a) PRINT FULL NAME David Loren Reid

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 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 January 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	---	4	5	hr. min.

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

10. Usual occupation Nihil

11. Industry or business _____

MOTHER FATHER { 12. Name Gerald C. Reid
 { 13. Birthplace Eddyville Illinois
 { Geraldine Williams (State or foreign country)
 { 14. Maiden name _____
 { 15. Birthplace Lee Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant: Gerald Reid

(b) Address 1322 So. Florissant Rd.

17. (a) Burial (b) Date thereof 5/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director [Signature]
(b) Address Ferguson, Missouri.

19. (a) MAY 27 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 96
 (a) State Missouri (b) County St. Louis 6
 (c) City or town 1322 So. Florissant Rd 2
 (If outside city or town limits: write "RURAL")
 (d) Street No. Ferguson, Mo.
 (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 20, 1942 to May 25, 1942
that I last saw him alive on May 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure 24hr.

Due to Congenital Heart Disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) 157

Major findings: Of operations _____
 Of autopsy Congenital malformation of heart.
 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) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) M.D.
Address 4452 Maryland Date signed 5/24/42

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

6
26
2

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.....

Licensed Embalmer No.....

P. O. Address.....

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.