S. No. 2
M—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34878, /

FILED NOV 6 1942

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 2126

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
Veterans Administration Facility,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 8/11/42. (Specify whether
In this community since 8/11/42.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 11

(c) City or town Petersburgh, 0
(If outside city or town limits, write "RURAL")

(d) Street No. 318 North Fourth Street,
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country - 2

3. (a) PRINT FULL NAME Wallie Reed

3. (b) If veteran, name war World War-1918

3. (c) Social Security No. 351-18-8520

4. Sex male

5. Color or race white 0

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

6. (b) Name of husband or wife Velda

6. (c) Age of ~~husband or~~ wife if alive 40 years

7. Birth date of deceased February (Month) 13, (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	7	28	hr. min.

9. Birthplace Petersburgh, (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation Bartender

11. Industry or business -

FATHER
12. Name Green Reed
13. Birthplace (City, town, or county) Indiana / (State or foreign country)

MOTHER
14. Maiden name Sarah Turner
15. Birthplace (City, town, or county) Kentucky / (State or foreign country)

16. (a) Informant M. Schillig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 13, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Petersburgh, Illinois

18. (a) Signature of funeral director C. H. Jimmerson U. & L. Co
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) OCT 12 1942 (Date received local registrar) (b) E. G. McGarran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th, year 1942 hour 1:50 minute p. M.

21. I hereby certify that I attended the deceased from Aug. 11, 1942 to October 11, 1942 that I last saw him alive on October 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, gastric, prepyloric. unkn.

Other conditions:
Thrombosis of portal vein, old. 2 mo.
Thrombosis, inferior vena cava, sub-acute. 1 mo.

~~Due to~~

46 m

~~Due to~~

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

Major findings:
Of operations -

Of autopsy Autopsy performed. See cause of death.

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. M. Cochran (M. D. or other)

Address L. M. COCHRAN, M.D., Chief Medical Officer. Date signed 10/12/42

(Licensed Embalmer's Statement on Reverse Side)

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: Lynus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address ~~3871~~ 7814 S. Broadway

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.