

FILED DEC 10 1942

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2375

96
96
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: St. Louis
 (a) County St. Louis
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96
 (a) State Mo (b) County St. Louis 7
 (c) City or town Webster Groves 4
 (If outside city or town limits, write "RURAL")
 (d) Street No. 29 Allison Ave.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Catherine Reid
 3. (b) If veteran, name war ? 3. (c) Social Security No. ?

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 10
 year 1942 hour 9 minute :40 A.M.
 21. I hereby certify that I attended the deceased from 11-8-42
 to 11-10-42
 that I last saw her alive on 11-10-42
 and that death occurred on the date and hour stated above.

4. Sex female 3 5. Color or race colored 6. (a) Single, widowed, married divorced married
 6. (b) Name of husband or wife Harold Reid 6. (c) Age of husband or wife if alive ? years
 7. Birth date of deceased May 14 1915
 (Month) (Day) (Year)

Immediate cause of death Anoxemia
 Duration Min.?
 Due to Pulmonary Atelectasis hsa.?

8. AGE:	Years	Months	Days	If less than one day
	27	5	27	hr. min.

Due to Secondary Anemia. 1 week
 Other conditions (include pregnancy within 3 months of death) 1142
 Major findings: Of operations

9. Birthplace Webster Groves Mo. 0
 (City, town, or county) (State or foreign country)
 10. Usual occupation housewife

Of autopsy Pulmonary Atelectasis
 Underline the cause to which death should be charged statistically.

11. Industry or business
 12. Name Wallace Monroe
 13. Birthplace Kirkwood Mo. 0
 (City, town, or county) (State or foreign country)
 14. Maiden name Fannie Hinkle
 15. Birthplace Washington Mo. 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Harold Reid
 (b) Address 29 Allison
 17. (a) (b) Date thereof 11-14-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Father Dickson

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

18. (a) Signature of funeral director J. Lewis
 (b) Address 27 Randall Ave Webster Groves
 19. (a) NOV 13 1942 (b) C. M. Mearns M.D.
 (Date received local registrar) (Registrar's signature)

23. Signature L. J. Allen (M. D. or other) M.D.
 Address St. Louis County, Mo. Date signed 11-12-42

RECEIVED
FEB 17 1951

NOV 23 1951

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 _____

J. P. Lewis

Licensed Embalmer No. _____

P. O. Address _____

*2027
Webster Groves*

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.