

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 84

Primary Registration District No. 100

Registrar's No. 535

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8772 East Pine Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 8772 East Pine Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jennie R. Reid

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John W. Reid 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 6, 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 7 26 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Jacob F. Rickenbrode

13. Birthplace Unknown N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Westfield N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Marguerite Reid

(b) Address 8772 East Pine Ave

17. (a) Burial (b) Date thereof 3/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAR 3 1943 (b) C. J. McLaughlin
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1943 hour 9:15AM minute _____ M.

21. I hereby certify that I attended the deceased from Mar 29 - Mar 2 1943
that I last saw him alive on Mar 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 15 yrs

Due to Arterio Sclerosis 15 yr

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 93d
Of autopsy _____

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) Means of injury _____

23. Signature C. J. McLaughlin (M. D. or _____)
Address 1537 Grand Date signed 3/3/43

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

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 G. Buchholz
Licensed Embalmer No. 2118 J
P. O. Address. St. Louis, Mo

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.