DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12670

Registration District No. [illegible] ED MAY 7 [illegible]

Primary Registration District No. [illegible]

Registrar's No. 4030

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 6385 Smiley
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Margaret C. Reed

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race White

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

6. (b) Name of husband or wife Harry C

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June (Month) 28 (Day) 1897 (Year)

8. AGE: Years 45 | Months 9 | Days 29 | If less than one day hr. min.

9. Birthplace Mt. Vernon (City, town, or county) Ind. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

PATHER
12. Name John Morlock
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Louise Lang
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant's own signature Harry C. Reed

(b) Address 6385 Smiley, St. Louis, Mo.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 30 (Day) 43 (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director C. Hoffmeister Und. & Lic. Co.

(b) Address 6464 Chippewa, St. Louis, Mo.,

19. (a) APR 30 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 27 year 1943 hour 6 minute 55 A M.

21. I hereby certify that I attended the deceased from 8-12-1942, 19__, to 4-27, 1943; that I last saw her alive on 4-27, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute nephritis	
Due to Carcinoma Bones	
Due to Carcinoma Breast Primary in breast	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma 1942	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature P. B. Cappel M.D. (M. D. or other)

Address 3284 Franklin Date signed 4-28-43

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39 Rev. 5-17-39 I X19811

Dr. P.B. Capped
3282 [illegible]
Ph Hi 2.[illegible]

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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 6464 So. Bolivar

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.