

No. 2
5-42
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38605**

X32873

FILED DEC 31 1943
Registrar District No. **31**

Primary Registration District No. **5655**

Registrar's No. **174**

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

1. PLACE OF DEATH:

(a) County **Lawrence**

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

(c) Name of hospital or institution **Mo State Sanatorium**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **96 days**
(Specify whether years, months or days)

In this community **96 days**

3. (a) PRINT FULL NAME **James Reed**

3. (b) If veteran. **No** name war. **No**

3. (c) Social Security No. **499-03-9649**

4. Sex **Male** 5. Color or race **Black**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **26** years

7. Birth date of deceased: **March 9 1913**
(Month) (Day) (Year)

8. AGE: Years **30** Months **7** Days **26** If less than one day hr. min.

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

10. Usual occupation **Wreck Remover**

11. Industry or business **Coal**

12. Name **James Reed**

13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Beyers**

15. Birthplace **Wabota Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Sarah Reed Cook**

(b) Address **Mo State San Mt Vernon Mo**

17. (a) **Removal** (b) Date thereof **11-7-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Louis Mo**

18. (a) Signature of funeral director **Geo B Orr**

(b) Address **Mo Vernon Mo**

19. (a) **11-4-43** (b) **Audrey Crawford**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St Louis Co.**

(c) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL")

(d) Street No. **1317 Argus**
(If rural, give location)

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

If yes, name country **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **5**
year **1943** hour **11** minute **05 P.M.**

21. I hereby certify that I attended the deceased from **Aug. 2** 1943 to **Nov. 4** 1943
that I last saw him alive on **November 4** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary tuberculosis**

Duration **abt 1 yr**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **13 ft 1**

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) (Country) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature **Esther E. Coffman** (M. D. or other)

Address **Mo State Sanatorium** Date signed **11-6-43**

558

(Licensed Embalmer's Statement on Reverse Side)

not Vernon mo.

RECEIVED

District Health Officer No. 6,

District No. 1243-1358

Date Filed 12-8-43

DEC 13 1943
DEC 23 1943

MAR 20 1944

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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Wm. Vernon Inc

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.