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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. #0418

Registration District No. DEC 22 1943

Primary Registration District No. 1003

Registrar's No. 10864

818

1. PLACE OF DEATH:

(a) County St. Louis Mo.

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

(c) Name of hospital or institution:  
St. Louis City 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:

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

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

(d) Street No. 1403 Chouteau Ave.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Anthony Reid

3. (b) If veteran, name war None

3. (c) Social Security No. 0

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife 0

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased About 1872  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th year 1943 hour 11:10 minute P.M.

21. I hereby certify that I attended the deceased from December 4th, 1943 to December 6th, 1943

that I last saw h. in alive on December 6th, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years About 71 Months -- Days -- If less than one day hr. min.

Immediate cause of death Anterograde heart disease

Due to 0

Due to 0

Other conditions (Include pregnancy within 3 months of death) 0

Major findings: Of operations 0

Of autopsy Refused

PHYSICIAN 0

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired

11. Industry or business 0

MOTHER FATHER {

12. Name John H. Reid Sr.

13. Birthplace Sheffield, England  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Judge

15. Birthplace Sheffield, England  
(City, town, or county) (State or foreign country)

16. (a) Informant John H. (Jack) Reid

(b) Address 3955 Utah St.

17. (a) Burial (b) Date thereof Dec. 11, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Beussick-Decker

(b) Address 1431 Union Blvd.

19. (a) DEC 9 1943 (b) J. J. Beussick  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

23. Signature Frank U. Jansburg (M. D. or other) M.D.  
Address 1515 Lafayette Ave. Date 12/7/43  
(Specify type of plate) (e) Means of injury

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 Frank Weisman

Licensed Embalmer No. 2915

P. O. Address .....

**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.**