

S. No. 2  
DM-5-43  
7. 5-17-39  
I X36671

12167  
State File No. \_\_\_\_\_  
Registrar's No. 612

FILED MAR 20 1944

Registration District No. 317

Primary Registration District No. 3068

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7451 Maple Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Frank E. Reed  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: June 13 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	8	25	_____hr. _____min.

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

10. Usual occupation Laborer

11. Industry or business John Reed

MOTHER FATHER

12. Name \_\_\_\_\_ 13. Birthplace N. Y. C. N. Y.  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline E. Williams

15. Birthplace Herculian Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant John Wm. Reed  
(b) Address 7451 Maple Ave.

17. (a) Burial (b) Date thereof March 10, 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Jay B. Smith  
(b) Address 7456 Manchester

19. (a) MAR 11 1944 (b) E. G. McHarran, Jr.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7451 Maple Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 8th,  
year 1944 hour I minute 30 P. M.  
21. I hereby certify that I attended the deceased from Feb 20 1944 to Mar 8 1944  
that I last saw him alive on Mar 8 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Due to Carcinoma of prostate glands  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
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)  
(c) Means of injury \_\_\_\_\_  
23. Signature O. E. Smith (M. D. or other) M.D.  
Address 4047 west pine Date signed 3-9-44

4047 W Pine

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 3454

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

**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.