

FILED MAY 9 1944  
Registration District No. 1818

Primary Registration District No. 1003

Registrar's No. 3974

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6265 Goener 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6265 Goener Ave.  
(If rural, give location) 9  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Philomena Reed

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 Married

6. (b) Name of husband or wife W.H. Reed 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased Sept. 4th 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 7 23 hr. min.

9. Birthplace Perry County Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Anthony Voss  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Antoinette Schuler  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant W.H. Reed  
(b) Address 6265 Goener Ave.

17. (a) Burial (b) Date thereof 5-1-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 28 1944 (b) J. Brebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th  
year 1944 hour 5:00 minute A.M. M.

21. I hereby certify that I attended the deceased from Jan., 1943 to Apr. 27, 1944  
that I last saw her alive on Apr. 25, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Apopoplexy or cerebral embolism Duration ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Ulcer of stomach  
(Include pregnancy within 3 months of death)

Major findings: Of operations 83  
Of autopsy none

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 J. Brebeck (M. D. or other) no  
Address 3115 S. Grand Date signed 4-28-44

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

*Richard W. Howard* 2-7

**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

*Richard W. Howard*

Licensed Embalmer No. *4007*

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:**