V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1945

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 39729

Registrar's No. 11360

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:
Missouri Baptist Hospt. St. Louis Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Day (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 999

(c) City or town Granite City Illinois
(If outside city or town limits, write "RURAL")

(d) Street No. 2717 Madison NR
(If rural, give location)

(e) Citizen of foreign country? ~~Yes~~ No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Christopher Garrison Reed

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

3. (c) Social Security No. 489-18-1831

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dora Francis

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Feb 24th- 1873
(Month) (Day) (Year)

8. AGE: Years 71 ~~73~~ Months 10 Days 7 If less than one day hr. min.

9. Birthplace Pettes Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Mathies Reed
13. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa K. Phillips
15. Birthplace Cedar Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Cecil Hensley
(b) Address 2717 Madison Ave.

17. (a) Removal Hunn (b) Date thereof 12-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill Cem.

18. (a) Signature of funeral director Charles C Mercer
(b) Address 1416 Niedringhaus Granite City Ill.

19. (a) JAN 2 1945 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30
year 44 hour 6 minute 55 P. M.

21. I hereby certify that I attended the deceased from 12/28-44, 19 , to 12/30-44;
that I last saw h— alive on 12/30-44, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobular Pneumonia

Due to Influenza

Due to

Other conditions 33
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 R K Andrews (M. D. or other) 1-2

Address 4932 Mary Cove Date signed 45

(Licensed Embalmer's Statement on Reverse Side)

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 Charles E Mercer

Licensed Embalmer No. 2988

P. O. Address Granite City Ill

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.