S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1953

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JAN 26 1946

STANDARD CERTIFICATE OF DEATH

State File No. 4116

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 695 T

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days 17 hrs (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Kirkwood (If outside city or town limits, write "RURAL") 4
(d) Street No.: 210 Reedway (If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: GEORGE REED
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mabel Randall
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: February (Month) 6 (Day) 1862 (Year)

8. AGE: Years 83 Months 11 Days 13 If less than one day hr. min.

9. Birthplace: Manchester (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: None
11. Industry or business
12. FATHER Name: George Reed
13. FATHER Birthplace: Kentucky (City, town, or county) (State or foreign country) 1
14. MOTHER Maiden name: Eliza Ednay
15. MOTHER Birthplace: Kentucky (City, town, or county) (State or foreign country) 1
16. (a) Informant: George Reed - Patient
(b) Address: same as above
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Father Dickson
18. (a) Signature of funeral director: [illegible]
(b) Address: 3517 Lucede Ave
19. (a) 1-22-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19th year 1946 hour Four minute 00 A.M.
21. I hereby certify that I attended the deceased from January 14th 1946 to January 19th 1946 that I last saw him alive on January 19th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	10 yrs
Due to	
Due to 9420	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Wm W. Carter (M. D. or other) MD
Address 403 Brentwood Date signed 1-19-46

(Licensed Embalmer's Statement on Reverse Side) Clayton

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 Melvin Edward Green, Registered Apprentice No. 383, working under my personal supervision.

Signed M. E. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede Av

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.