

FILED JUN 6 1946

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6154 Simpson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 1 year
years, months or days

3. (a) PRINT FULL NAME

Kathryn F. Reed

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Charles A. Reed, Dec. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 5 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 26 hr. min.

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

10. Usual occupation Mail Order Dept.

11. Industry or business Hollywood Dept. Stores

12. Name Wm. J. Foster

13. Birthplace Peru, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta S. Coats

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

16. (a) Informant Frank C. Foster

(b) Address 6154 Simpson

17. (a) burial (b) Date thereof 6/3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar

19. (a) JUN 9 1946 (b) J. Bradeck
(Recorded local health officer) (Registrar's signature)

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 6154 Simpson
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31 day May
year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 26 Nov, 1946, to 31 May, 1946
that I last saw her alive on 30 May, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 days

Due to Generalized Arteriosclerosis 5 yrs

Due to Chr. Hypertension 5 yrs

Other conditions: Carcinoma, rt. breast 2 yrs
(Include pregnancy within 3 months of death)
with metastasis to rt. apilla

Major findings: _____
Of operations _____

Of autopsy _____
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)
Means of injury _____

23. Signature Richard May (M. D. or other) MD
Address 5730 Smith Date signed June 19 46

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

17032

AUG 21 1949

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 jos. E. McCullough
Licensed Embalmer No. 2460
P. O. Address. 6175 Delmar

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.