S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 7 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22828

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 1373

1. PLACE OF DEATH:
(a) County St. Louis County
(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 38 days (Specify whether
In this community 15 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co. 6
(c) City or town Maplewood (If outside city or town limits, write "RURAL") 5
(d) Street No. 7432 A Hazel (If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME William 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 Dec. (Month) 18 (Day) 1869 (Year)

8. AGE: Years 77 Months 6 Days 8 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Bookkeeper
11. Industry or business

FATHER
12. Name John Reed
13. Birthplace New York City (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Caroline Williams
15. Birthplace Jefferson Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Lillian Reed
(b) Address 6926 Waldemar
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) 6-28-47 (Date received local registrar) (b) Cecil A. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1947 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from May 18, 1947, 19..., to June 26, 1947; that I last saw him alive on June 26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Empyema, at chest

Due to labor pneumonia

Due to 108

Other conditions arteriosclerotic c.v. disease (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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? Means of injury

23. Signature John J. Coffey MD (M. D. or other)
Address 601 Brentwood Blvd Date signed 8/27/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 H E Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.