No. 2
-1/47
-17-39

81394

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2993

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 880

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

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: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether Memorial 23-

In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2411 So. 13th Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ROBERT REID

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Elva

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased October 13, 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 12 If less than one day hr. min.

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

10. Usual occupation Watchman

11. Industry or business Retired

FATHER
12. Name James Reid
13. Birthplace Scotland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lydia Holbrook
15. Birthplace Chester Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Elva Reid
(b) Address 2411 So. 13th Street

17. (a) burial (b) Date thereof 1-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) JAN 29 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25th
year 1948 hour 12 minute 25 A M.

21. I hereby certify that I attended the deceased from 1/14/48
, 19, to Jan 25th, 1948
that I last saw him alive on Jan 25th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis — Duration 11 days

Due to Arteriosclerosis

Due to

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

Major findings:
Of operations

Of autopsy

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? (e) Means of injury

23. Signature Joseph C. Pickens (M. D. or other)

Address 1515 Lafayette Date signed 1/26/48

Jefferson City Printing Co. (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.....R R Cooper.....

Licensed Embalmer No.....3633.....

P. O. Address.....301 Lafayette.....

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.