S. No. 2
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5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 31 1948
Registration District No. 38

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 11111
Registrar's No. 738

96
0
0

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Lemay, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2740 Granda Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2740 Granda Drive 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Miles A. Reed
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Edna M. Reed
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 21, 1888 (Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name George W. Reed
13. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Barbara Carr
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Edna M. Reed
(b) Address 2740 Granda Dr. Lemay, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.
19. (a) 3-19-48 (Date received local registrar) (b) [illegible] (Registrar's signature) NSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th year 1948 hour minute M.
21. I hereby certify that I attended the deceased from 3-17-48, 19, to 3-17-48, 19; that I last saw him alive on 3-17-48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	1 day
Due to	
Due to 940	
Other conditions (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 [illegible] (M. D. or other) 1
Address 2602 S Broadway Date signed 3-18-48

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

DR. D.W. EADES
7602 S. BRDY
LO 3888

APR 6 1948

APR 1 19

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 J. Wm. Binkley

Licensed Embalmer No. B657

P. O. Address St. Louis Mo

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.