

No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24640
Registrar's No. 6476

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Mo. Baptist Hospital
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Infant ROBERT M. REED
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 21 1948 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 6 hr. 15 min.

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

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER

12. Name Robert Reed
13. Birthplace Benton Mo. (City, town, or county) (State or foreign country)
14. Maiden name Betty Dees
15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Robert Reed
(b) Address 3338 Oregon Ave.

17. (a) Burial (b) Date thereof 7-22-48 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) JUL 22 1948 (Date received local registrar) J. F. Branstetter (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3338 Oregon Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1948 hour 1:15 minute A. M.
21. I hereby certify that I attended the deceased from 7-21, 1948, to 7-21, 1948, that I last saw him alive on 7-21, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Premature baby atelectasis
Due to Bronchial infection

Due to
Other conditions (Include pregnancy within 3 months of death) 159

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 (a) Means of injury (b)
23. Signature E. P. Scott (M. D. or other)
Address 3258 E. 11th St. St. Louis, Mo. Date signed 7-22-48

E. P. SCOTT

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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 Richard W. Stovesand
Licensed Embalmer No. 4007
P. O. Address.....

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.