

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 12 1948
Registration District No. **318**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

Need
State File No. **24641**
Registrar's No. **6804**

Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri-Pacific Hospital 1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Wks. 3 Da.**
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **William Isam Reed**
3. (b) If veteran, name war **None**
3. (c) Social Security No. _____

4. Sex **Male 2** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Widow 2**
6. (b) Name of husband or wife **Sarah**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **9 6 1886**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 10 23 hr. _____ min.

9. Birthplace **Tennessee 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer (retired)**

11. Industry or business **G.M. & O. Freight House**

12. Name **Lewis Reed 1**

13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Unavailable**

15. Birthplace **Unavailable 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Maggie Burbau**

(b) Address **589 W. 8th St. Dayton, Ohio**

17. (a) **Removal** (b) Date thereof **8-2-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Clair County**

18. (a) Signature of funeral director **[Signature]**

(b) Address **35178 Sachse Ave**

19. (a) **AUG 2 - 1948** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Illinois** (b) County **St. Clair 499**
(c) City or town **E. St. Louis 0**
(If outside city or town limits, write "RURAL") **2**
(d) Street No. **606 So. 17th Street**
(If rural, give location) **N.R.**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **29**
year **48** hour **9** minute **50 P.M.**
21. I hereby certify that I attended the deceased from **July 6**
1948 to **July 29**, 19**48**
that I last saw him alive on **July 29**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Carcinomatosis**
Due to **Carcinoma of stomach 4 years**
Due to **Ho**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of stomach**
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? **[Signature]** (Specify type of place) (e) Means of injury **[Signature]**
23. Signature **[Signature]** (M. D. or other) _____
Address **1755 - 2nd St. Paul** Date signed **7-30**

OCT 28 1904

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 Ernest W. Spillars

Licensed Embalmer No. 4080

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.