FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31372

FILED OCT 1 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8111

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: City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 70 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. 3250 S. Jefferson Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOSEPH E. REED

3. (b) If veteran, name war no

3. (c) Social Security No. 489-12-2382

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Amelia

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July 17, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	80	1	27	hr. min.

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

10. Usual occupation Retired

11. Industry or business Carpenter

FATHER
12. Name William Reed
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Robbes
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Amelia Reed
(b) Address 3250 S. Jefferson Ave.

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

18. (a) Signature of funeral director Peetz Funeral Home Inc.
(b) Address 3029 Lafayette Ave.

19. (a) SEP 16 1948 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14th
year 1948 hour 8:40 minute P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to

Due to

Other conditions
(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? (e) Means of injury

23. Signature Alfred Hurst (M. D. or other)

Address Deputy Coroner Date signed 9/16/48

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 David Van Fossan

Licensed Embalmer No. 4242.

P. O. Address 3029 Lafay St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.