FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 38565

Registrar's No. 10615

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Infirmary Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12/18/47 To 12/5/48 (Specify whether years, months or days)

In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1709, Biddle. Street
(If rural, give location)

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

If yes, name country U.S.A.

3. (a) PRINT FULL NAME HATTIE Lee Reed

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 11th (Day) 1876 (Year)

8. AGE: Years 72 Months 2 Days 24 If less than one day hr. min.

9. Birthplace Memphis Shelby Co. (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Domesticts

FATHER
12. Name Zack Lee
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Sarrah. Brown
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Willie B. Williams

(b) Address 1413 Carr Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/48 (Month) (Day) (Year)

(c) Place: burial or cremation Green Wood Cem.

18. (a) Signature of funeral director John H. Houston

(b) Address 2829. Washington. Blvd.

19. (a) DEC 7 1948 (Date received local registrar) (b) J.B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5 year 1948 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from , 19 , to Dec. 5 , 1948 that I last saw her alive on Dec. 5 , 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Nephritis~~ Pyelonephritis non-calculous	3 mo.
Due to	
Due to	
Other conditions Diabetes & Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations 61
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 Masao Ohmoto (M. D. or other)

Address 5800 Arsenal Date signed 12/5/48

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 [signature]

Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.