

No. 2
1-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 31 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42102

State File No. _____

Registration District No. 37

Primary Registration District No. 6076

Registrar's No. 2219

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days (Specify whether
In this community 3 mos. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Franklin
(c) City or town Benton
(If outside city or town limits, write "RURAL")
(d) Street No. 611 Buchanan (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1948 hour 2:43 minute P. M.
21. I hereby certify that I attended the deceased from
Nov. 19, 1948, to Dec. 8, 1948;
that I last saw h. im. alive on December 8, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalomalacia, rt. cerebral hemisphere
Duration _____

~~Direct~~ Contributory Cause: Pneumonectomy, left

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

Major findings: Pneumonectomy, left 12/6/48
Of operations _____
Of autopsy Autopsy performed (See cause of death)
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) none
(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? _____ (Specify type of place)
(e) Means of injury 0
23. Signature L. E. Stilwell (M. D. or D.O.)
Address L. E. STILWELL, VAMC, Jeff. Barrs, Mo.
Date signed 12/8/48

3. (a) PRINT FULL NAME REED, Leslie S.
3. (b) If veteran, name war VW-1
3. (c) Social Security No. 350 05 2806

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Alta
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Nov. 17, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 0 21 hr. min.

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

10. Usual occupation Miner

11. Industry or business _____

12. Name Spencer Reed
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Florence Herd
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, VAH
(b) Address Jefferson Barracks, Mo.

17. (a) REMOVAL (b) Date thereof 12/9/48
(Method, destination, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Me F. O. F. Cemetery, Benton, Ill.

18. (a) Signature of funeral director Bull-Campbell
(b) Address 4215 Lindell, St. Louis, Mo.

19. (a) 12-9-48 (b) Handwritten Signature
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Rex E. Campbell

Licensed Embalmer No.....

3881

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.