

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17620  
4198

FILED MAY 20 1949

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)      |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Saint Louis</u> |  | a. STATE <u>Missouri</u> b. COUNTY   |  |
| c. LENGTH OF STAY (In this place)  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Saint Louis</u> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Homey Phillips Hosp.</u>                     |  | d. STREET ADDRESS (If rural give location)<br><u>1817 N. 10th Street</u>                   |  |

|   |            |             |                          |  |
|---|------------|-------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br><u>Alice</u> | a. (First) | b. (Middle) | c. (Last)<br><u>Reid</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>5 5 49</u> |
|---|------------|-------------|--------------------------|--|

|                         |                                  |  |   |   |
|-------------------------|----------------------------------|--|---|---|
| 5. SEX<br><u>Female</u> | 6. COLOR OR RACE<br><u>Negro</u> | 7. MARRIED-NEVER MARRIED, WIDOWED/DIVORCED (Specify)<br><u>Widow</u> | 8. DATE OF BIRTH<br><u>Unknown about 76</u> | 9. AGE (In years) (Last birthday) (Month) (Day) (Year)<br><u>76</u> |
|-------------------------|----------------------------------|--|---|---|

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)<br><u>Saint Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u> |
|---|-----------------------------------|---|---|

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME<br><u>William Findney</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Hester Kirk</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Henry Reid</u> |
|--|---|--|

|  |                         |   |                                   |
|--|-------------------------|---|-----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Marie Hickman</u> | ADDRESS<br><u>916 Chamber St.</u> |
|--|-------------------------|---|-----------------------------------|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  |  |                                  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                  |

ANTECEDENT CAUSES

Morbid conditions, if any, giving DUE TO (b)  
rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

Cornary Sclerosis  
Arterio Sclerosis

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|--|

|  |  |  |
|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>St. Louis</u> <u>St. Louis</u> <u>Mo</u> |
|--|--|--|

|  |  |   |
|--|--|---|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><u>4201</u> |
|--|--|---|

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

|   |                   |                                   |                                    |
|---|-------------------|-----------------------------------|------------------------------------|
| 23a. SIGNATURE<br><u>Raymond W. ...</u> | (Degree or title) | 23b. ADDRESS<br><u>1300 Clark</u> | 23c. DATE SIGNED<br><u>5/11/49</u> |
|---|-------------------|-----------------------------------|------------------------------------|

|  |                             |  |  |
|--|-----------------------------|--|--|
| 24a. BURIAL CREMATION REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>5-11-49</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Washington Park</u> | 24d. LOCATION (City, town, or county) (State)<br><u>County, Mo</u> |
|--|-----------------------------|--|--|

|  |   |  |                              |
|--|---|--|------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>MAY 11 1949</u> | REGISTRAR'S SIGNATURE<br><u>J. B. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>G. Wade Granberry</u> | ADDRESS<br><u>422 Finney</u> |
|--|---|--|------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

76  
6

*Handwritten notes and signatures at the top of the page, including "Lester" and "Hester".*

**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 \_\_\_\_\_

~~Student Embalmer No.~~ \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Leroy W. Pannister*

Licensed Embalmer No. *4523*

P. O. Address *3880 Castor A*

**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.

*Handwritten signature at the bottom left of the page.*