

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 12 1949

State File No. 28463
7602
Registrar's No.

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|---|-------------------------------|--|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) | | c. LENGTH OF STAY (in this place) 3 | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | 17 10 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital | | | d. STREET ADDRESS (If rural, give location) 25 305a Lucas Ave. | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Orr | | b. (Middle) Scott | |
| | | c. (Last) Reid | | 4. DATE OF DEATH (Month) (Day) (Year) August 29, 1949 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)? Divorced | 8. DATE OF BIRTH June 6, 1874 | | 9. AGE (In years) (Month) (Day) (Year) (Hours) (Min.) 75 |
| 10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) Unavailable | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) Cape Girardeau Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME Royal Reid | | 13b. MOTHER'S MAIDEN NAME Alice Norton | | 14. NAME OF HUSBAND OR WIFE Unavailable | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Harold J. Davis, Detroit, Mich. | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Coronary Sclerosis | | INTERVAL BETWEEN ONSET AND DEATH _____ |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input checked="" 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) 9/1/49 | | |
| 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 4201 | | |
| 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 7:30 A. m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) Cathel E Taylor Cor 3 | | | 23b. ADDRESS 1500 Clark | | 23c. DATE SIGNED 9-1-49 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 9-1-49 | 24c. NAME OF CEMETERY OR CREMATORY Bonne Terre | | 24d. LOCATION (City, town, or county) (State) Bonne Terre, Mo. |
| DATE REC'D BY LOCAL REG. SEP 1 1949 | | REGISTRAR'S SIGNATURE J. B. Lanter | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd | |

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. W. M. Dunsby _____

Licensed Embalmer No. 2657 _____

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.