

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1081

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 2719	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis 20		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 20	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural give location) 21-911 N. Harrison	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) James b. (Middle) Reed c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1950		
5. SEX Male		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	
8. DATE OF BIRTH Nov. 15, 1908		9. AGE (In years last birthday) 41		10. IF UNDER 1 YEAR (Days) 2 IF UNDER 2 HRS. (Hours) (Min.) 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Edwards, Miss.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME George Reed		13b. MOTHER'S MAIDEN NAME Mahaley Armstrong	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Lucian Reed		17. ADDRESS 910 N. Ewing ave			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Coronary Occlusion	
						DUE TO (c) (Sclerosis)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing 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) 4201			
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?			

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 5:28 A. m. , from the causes and on the date stated above.							
22a. SIGNATURE Patrick E. Taylor Coroner (Degree or title)				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 2-3-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) shp		24b. DATE Feb. 3, 1950		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Vicksburg, Miss.	

DATE REC'D BY LOCAL REG. FEB 3 1950				REGISTRAR'S SIGNATURE J. B. Lasater				25. FUNERAL DIRECTOR'S SIGNATURE Dement & Son ADDRESS 2629-31 Cole Street			
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(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 Student
at College of Mortuary Science Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Ralph W Henson

Licensed Embalmer No. 3791

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.