

No. 35
10:45
15508 060
Reg. # 89807
FILED NOV 22 1950

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
STANDARD CERTIFICATE OF DEATH

CORNER'S CASE 359440
State File No. 2704

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2704

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 1850	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS., MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHLAND	
c. LENGTH OF STAY (in this place) 1 da.		d. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION			

3. NAME OF DECEASED (Type or Print) a. (First) ROY b. (Middle) W c. (Last) REED		4. DATE OF DEATH (Month) (Day) (Year) 11 10 1950	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-25-15
9. AGE (In years last birthday) 35		IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHYSICIAN		10b. KIND OF BUSINESS OR INDUSTRY - -	11. BIRTHPLACE (State or foreign country) CROCKER, MO.
		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME ROY REED	13b. MOTHER'S MAIDEN NAME GRACE NEAL	14. NAME OF HUSBAND OR WIFE DORRIS REED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES II		16. SOCIAL SECURITY NO. II
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS		ADDRESS

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTRACRANIAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH - - # 68231 320
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) AUTOMOBILE ACCIDENT		
	DUE TO (c)		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ROAD	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) UNKNOWN
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11- 8 -1950 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? AUTOMOBILE ACCIDENT ROK

22. I hereby certify that I attended the deceased from Nov 9, 1950, to Nov 10, 1950, that ~~the deceased died on Nov 10, 1950~~ and that death occurred at 1:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L.E. Stilwell M.D.	23b. ADDRESS VAH., JEFF. BRKS., MO.	23c. DATE SIGNED 11-10-50
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 11-10-50	24c. NAME OF CEMETERY OR CREMATORY
		24d. LOCATION (City, town, or county) (State) Richland, Missouri

DATE REC'D BY LOCAL REG. 11/10/50	REGISTRAR'S SIGNATURE Herbert R. Dombke	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ALBERT H. HOPPE, 4700 Washington, St. Louis, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 31 1956

REC'D
1956

NOV 2 1956

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Robert M Murray*

Signed.....
Student Embalmer

Licensed Embalmer No. *3749*

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.