

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25158
6177

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 169 St. George St.		e. LENGTH OF STAY (in this place) 2239	
f. FULL NAME OF HOSPITAL OR INSTITUTION 169 St. George St.		g. STREET ADDRESS (If rural, give location) 169 St. George St.	

3. NAME OF DECEASED (Type or Print) SUSIE	a. (First)	b. (Middle) MAY	c. (Last) REED	4. DATE OF DEATH June, 9, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-9-1889	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Memphis, Tenn	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Henry Adkins	13b. MOTHER'S MAIDEN NAME ?	14. NAME OF HUSBAND OR WIFE James G. Reed
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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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOSEPH SCHNEIDER 169 St. George St.
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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) Angina Pectoris		INTERVAL BETWEEN ONSET AND DEATH attacks Had one 7-29-50 7-5-51 One year
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Myocarditis, Chronic		
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H 20.2
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22. I hereby certify that I attended the deceased from July 5, 1951, to _____, 19____, that I last saw the deceased alive on July 5, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Leroy E. Ellison MD	(Degree or title)	23b. ADDRESS 3610 So Broadway, St. Louis, Missouri	23c. DATE SIGNED July 10 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/11/51	24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL OFF. JUL 10 1951	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHULICK UND. CO., INC. 1722 S. Jefferson
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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.....

Alex A. Chulek

Licensed Embalmer No.

4143

P. O. Address.....

1722 S. Jefferson

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.