

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35528
8882

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

1. PLACE OF DEATH a. COUNTY <i>Missouri</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis 2217</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Enroute to Homer & Phillip</i>		d. STREET ADDRESS (If rural, give location) <i>3150 Evans, ave</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>ROBERT</i> b. (Middle) _____ c. (Last) <i>Reed</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>10 4 51</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>NEGRO</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>DIVORCED</i>	8. DATE OF BIRTH <i>Jan. 15, 1907</i>	9. AGE (In years last birthday) <i>30</i>	IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Cordova, Tenn.</i>	

13a. FATHER'S NAME <i>ALBERT REED</i>		13b. MOTHER'S MAIDEN NAME <i>MILLER-REED</i>		14. NAME OF HUSBAND OR WIFE	
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. <i>409-30-6026</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Bessie Harrison</i>	
				ADDRESS <i>3150 Evans</i>	

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, asthenia, 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) <i>Cerebral Pneumonia</i> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH	
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H92X</i>		

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 *5:20* p.m., from the causes and on the date stated above.

22a. SIGNATURE <i>Joseph M. Quinn</i>		22b. ADDRESS <i>1500 Clark</i>		22c. DATE SIGNED <i>10/6/51</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>10/8/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oakdale</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>	
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DATE REC'D BY LOCAL REG. <i>OCT 8 1951</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D. xP</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>A. W. Burk</i>		ADDRESS <i>212 Carroll St.</i>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

my fe

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 *my fe*

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Leroy N Barnette*

Licensed Embalmer No. *4525*

P. O. Address *3880 Easton*

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.