

FILED JAN 10 1952

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. 11047

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ill. b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis, 8120	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1405 Central Ave. 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) JOHNNIE c. (Last) REED			4. DATE OF DEATH (Month) (Day) (Year) 12 13 51		
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH 3/13/1910	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months 9 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Newmadrid, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME John Sprowling		13b. MOTHER'S MAIDEN NAME Irene Nicholson	
14. NAME OF HUSBAND OR WIFE Nathan Reed		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Nathan Reed, 1405 Central Ave. E. S. Reed		ADDRESS		E. S. Reed	

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) MALIGNANT ARTERIOLAR NEPHROSCLEROSIS		ANTECEDENT CAUSES			4 MONTH	
* This does not mean the mode of dying, such as heart failure, asthma, 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) _____		DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS		HYPERTENSIVE ENCEPHALOPATHY			3 WEEKS	
Conditions contributing to the death but not related to the disease or condition causing death.		DISSECTING ANEURYSM OF THE AORTA				

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? H46X		

22. I hereby certify that I attended the deceased from 12/9 1951, to 12/13 1951, that I last saw the deceased alive on 12/13 1951, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE C. J. Vermillion M.D. (Degree or title)		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 12/13/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-14-51		24c. NAME OF CEMETERY OR CREMATORY East St. Louis, Illinois	
24d. LOCATION (City, town, or county) East St. Louis, Illinois		24e. LOCATION (City, town, or county) East St. Louis, Illinois		(State)	

DATE RECEIVED BY LOCAL REGISTER'S SIGNATURE J. Earl Smith M.D.		FUNERAL DIRECTOR'S SIGNATURE P. J. Crigger		ADDRESS 1036 Tudor Avenue	
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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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. 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.