

**STANDARD CERTIFICATE OF DEATH**

43275

No. 300  
10.48

FILED JAN 10 1952

**318**

**1003**

State File No. ....  
**11001**  
Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>11001</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2219</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>20 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>24<sup>th</sup> DR St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>2900 Thomas Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>People's Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2900 Thomas Street</b>			

3. NAME OF DECEASED (Type or Print) <b>Hugh Lee Reid</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 8 51</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 12, 1901</b>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <b>50 4 26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffeur</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Brenan, Georgia</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Florence Reid</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Florence Reid, 2900 Thomas Street</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 Dec. '51</b>
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia left</b>		ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>490X</b>	

22. I hereby certify that I attended the deceased from 1 Dec., 1951 to death, 1951, that I last saw the deceased alive on 8 Dec., 1951, and that death occurred at 9:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. James Evans, M.D.</b>		23b. ADDRESS <b>4730a Page Blvd.</b>		23c. DATE SIGNED <b>12 Dec. '51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12/14/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>			

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>DEC 12 1951</b> <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>GATES FUNERAL HOME</b> <b>Charles J. Gates, 4107 Finney Ave.</b>	
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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 \_\_\_\_\_



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.