

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43566

State File No.

FILED DEC 20 1951

BIRTH NO.		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>3069</u>	Registrar's No. <u>3969</u>
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND HEIGHTS</u> c. LENGTH OF STAY (in this place) <u>5 DAYS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARYS HOSPITAL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DES PERES</u> d. STREET ADDRESS (If rural, give location) <u>11928 MANCHESTER RD</u>		
3. NAME OF DECEASED (Type or Print) <u>GERTRUDE RYAN REED</u> a. (First) <u>GERTRUDE</u> b. (Middle) <u>RYAN</u> c. (Last) <u>REED</u>		4. DATE OF DEATH <u>DEC 10-1951</u> (Month) (Day) (Year)		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB-10-1894</u>	
9. AGE (In years last birthday) <u>57</u>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>CUBA MO D</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>SAMUEL F RYAN</u>		13b. MOTHER'S MAIDEN NAME <u>NOLLIE HARRIS</u>		14. NAME OF HUSBAND OR WIFE <u>KENNETH A. REED</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth A. Reed</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>bronchial pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>valvular heart disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>8-21</u> , 19 <u>51</u> , to <u>12-10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-10</u> , 19 <u>51</u> , and that death occurred at <u>P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Paul E. Rutledge MD</u> (Degree or title)		23b. ADDRESS <u>411 N. Kirkwood Rd. Kirkwood</u>		23c. DATE SIGNED <u>12-13-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-13-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEM</u>
24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert P. Jonke</u> ADDRESS <u>21 Parker Aldrich F. Home, Webster Groves</u>		

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 Francis Williamson

Licensed Embalmer No. 3565

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.