V.S. No. 300
Rev. 10-48

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1952

State File No. 3502

BIRTH NO. 11723 REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3062 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: St. Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis Clayton
c. LENGTH OF STAY (in this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 4140 N. Newstead Ave.

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3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): HOWARD
c. (Last): REID JR.

4. DATE OF DEATH (Month) (Day) (Year): JAN. 6 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: JAN 5, 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days: 1 DAY / IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): St. Louis Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: James H Reid
13b. MOTHER'S MAIDEN NAME: Marjorie Hoffmann
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.: —
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: James H. Reid 4140 N. Newstead Ave

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) Premature birth — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) unknown
DUE TO (c)

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
776X
20. AUTOPSY? YES ☐ NO ☐

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) a.m. p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-6, 19 52, *to* ____, 19____, *that I last saw the deceased alive on* 1-6, 19 52, *and that death occurred at* 12:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature]
(Degree or title): MD
23b. ADDRESS: 6017 N. Grand
23c. DATE SIGNED: 1-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-7-52
24c. NAME OF CEMETERY OR CREMATORY: St. Peters Cem.
24d. LOCATION (City, town, or county) (State): St Louis Missouri

DATE REC'D BY LOCAL REG.: Jan. 7, 1952
REGISTRAR'S SIGNATURE: Herbert R. Donke MD
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Calvin F. Fentz 4828 Nat'l Bridge
S.C.
(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.