

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16127

State File No.

FILED MAY 14 1953

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4035

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4035	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 2 wks.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 19 4266 Washington 0			
3. NAME OF DECEASED (Type or Print) a. (First) Sophie		b. (Middle) _____		c. (Last) Reed		4. DATE OF DEATH (Month) (Day) (Year) April 15 1953	
5. SEX 3 Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2		8. DATE OF BIRTH Dec. 23, 1874		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Chester, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S. A.		
13a. FATHER'S NAME Hiram Walker		13b. MOTHER'S MAIDEN NAME Clara Jones		14. NAME OF HUSBAND OR WIFE Jess Reed			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie Larry, 4266 Washington			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung Abscess ANTECEDENT CAUSES DUE TO (b) Undetermined Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Cerebral Thrombosis and Generalized II. OTHER SIGNIFICANT CONDITIONS Arteriosclerosis Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Undet.	
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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____ 332X			
22. I hereby certify that I attended the deceased from 4-5, 19 53, to 4-15, 19 53, that I last saw the deceased alive on 4-15, 19 53, and that death occurred at 5 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edna E. Brooks M.D.				23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 4-16-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/17/53	24c. NAME OF CEMETERY OR CREMATORY Oakdale		24d. LOCATION (City, town, or county) (State) Lemany, Mo.		
DATE REC'D BY LOCAL REG. APR 18 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		EMERALD DIRECTOR'S SIGNATURE E. Koane		ADDRESS 1221 N. Grand	

(Licensed Embalmer's Statement on Reverse Side)

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

Mrs. Jessie Larry
4266 Washington
Fr. 3950

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 CC Reams

Licensed Embalmer No. 4755

P. O. Address 12217 Grand

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.