

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19062**

FILED MAY 18 1953

| | | | | | | | | | |
|---|-------------------------------|--|--|---|---|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 310 | | PRIMARY REG. DIST. NO. 3058 | | Registrar's No. 111 | | | |
| 1. PLACE OF DEATH a. COUNTY Saint Charles 0923 | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles | | c. LENGTH OF STAY (In this place) life | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles 0923 | | d. STREET ADDRESS (If rural, give location) 1309 North Fourth St. | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1309 North Fourth St. | | | | d. STREET ADDRESS (If rural, give location) 1309 North Fourth St. | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Obie b. (Middle) _____ c. (Last) Reed | | | 4. DATE OF DEATH (Month) (Day) (Year) May 8, 1953 | | | | | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH unknown 1894 | 9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer | | 10b. KIND OF BUSINESS OR INDUSTRY coal hauling | | 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Louis Reed | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Myrtle Woodson | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W. Yes #1 World War I | | 16. SOCIAL SECURITY NO. 489-18-9547 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Myrtle Reed, St. Charles, Mo. | | | | | |
| 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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen arterio Sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days 5 yrs | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4201 | | | | 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) | | 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 4-11-1953 to 5-7-53 , that I last saw the deceased alive on 4-11-1953 , and that death occurred at 3 A m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) [Signature] | | | | 23b. ADDRESS MO St Charles Mo | | 23c. DATE SIGNED MAY 9 1953 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 12, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | | 24d. LOCATION (City, town, or county) (State) Saint Charles, Mo. | | | |
| DATE REC'D BY LOCAL REG. May 11 1953 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | | ADDRESS St Charles Mo | | | |

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

MAY 20 1934

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.....

Frank R. Amaling

Licensed Embalmer No. *4833*

P. O. Address *St Charles*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.