

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26800**  
**6761**

FILED JUL 31 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
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. CITY OR TOWN <b>St. Louis, Mo</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>4957 Lotus Ave</b>				e. STREET ADDRESS (If rural, give location). <b>4957 Lotus Ave;</b>			
3. NAME OF DECEASED (Type or Print) <b>Fannie</b>			a. (First)			b. (Middle)	
c. (Last) <b>Reed</b>			4. DATE OF DEATH		(Month) (Day) (Year)		
<b>7 5 1953</b>			5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>			8. DATE OF BIRTH <b>March 3, 1898</b>		9. AGE (In years last birthday) <b>55</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Hopkinsville, Kentucky</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>			13a. FATHER'S NAME <b>Randall McCarthy</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Blakley</b>		
14. NAME OF HUSBAND OR WIFE <b>Dead</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. <b>None</b>		
17. INFORMANT'S SIGNATURE OR NAME <b>Rev Allen D. McCombs</b>			ADDRESS <b>4957 Lotus Ave</b>				
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.							
<b>MEDICAL CERTIFICATION</b>							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive &amp; Arterio Sclerotic Cardiovascular Disease</b>							
INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>							
ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) <b>No.</b>							
DUE TO (c) <b>not determined</b>							
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				20. AUTOPSY? YES <input 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)		<b>443X</b>	
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?			
22. I hereby certify that I attended the deceased from <b>June 1, 1951</b> , to <b>July 5, 1953</b> , that I last saw the deceased alive on <b>July 3, 1953</b> , and that death occurred at <b>4:30</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>L. F. Brooks, M.D.</b>				23b. ADDRESS <b>2746 a Franklin Ave.</b>		23c. DATE SIGNED <b>July 7, 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7/9/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JUL 8 1953</b>		REGISTRAR'S SIGNATURE <b>Kealy Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.W. Roberts 1416 N. Taylor Ave.</b>			

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*James O. Carter*

Licensed Embalmer No. 4

P. O. Address 49236

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.