

No. 300  
 10-48  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

7373

FILED FEB 18 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) 1 TOWN <u>Robertson Mo.</u>		c. LENGTH OF STAY (in this place) <u>8 DYS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carter Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>228 Reedway</u>	
3. NAME OF DECEASED (Type or Print) <u>Beatrice</u> a. (First) b. (Middle) c. (Last) <u>Reed</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 21 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Nov. 30. 1876</u>
9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>1</u>	11. DAYS <u>212</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Paducah Ky. /</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Bettie Posey</u>		14. NAME OF HUSBAND OR WIFE <u>Del. Reed Deceased</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>No.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Princess Stewart</u>		ADDRESS <u>908 N. Harrison</u>	
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) <u>Cerebral Vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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 <u>none</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>		21d. TIME (Month) (Day) (Year) (Hour) (Minute) <u>none</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>	
22. I hereby certify that I attended the deceased from <u>1-14</u> , 19 <u>54</u> , to <u>1-21</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1-21</u> , 19 <u>54</u> , and that death occurred at <u>10 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>George D. Dickson M.D.</u>		23b. ADDRESS <u>1126 N. Channing St. Louis</u>	
23c. DATE SIGNED <u>1-25-54</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>	
24a. BURIAL/CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 26, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-25-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombk, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. Hemphill</u>		ADDRESS <u>408 S. Fillmore Ave</u>	

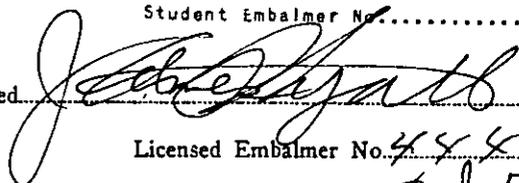
STATEMENT BY LICENSED EMBALMER

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. 4441

P. O. Address. 408 S. Fallman

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.