

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10366

State File No. ....

FILED APR 2 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 2789

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY 2069	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Ann's Home, 5301 Page Blvd.		e. STREET ADDRESS (If rural, give location) 5301 Page Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) Maude		b. (Middle)		c. (Last) Reid	
4. DATE OF DEATH Mar. 28, 1954		5. SEX F.		6. COLOR OR RACE W.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH Sept. 10, 1891		9. AGE (In years last birthday) Months Days 62 6 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid, St. Ann's Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Unknown Reid		13b. MOTHER'S MAIDEN NAME Unknown Unknown	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 499-34-1870	
17. INFORMANT'S SIGNATURE OR NAME Sister Jane Francis, 5301 Page Blvd.		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)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  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		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) 420.1	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1000A m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Paul Smith</i>		23b. ADDRESS 1500 Clark		23c. DATE SIGNED 3/29/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 30, 1954		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) St. Louis, Mo.		DATE REC'D BY LOCAL REG. MAR 29 1954		REGISTRAR'S SIGNATURE <i>Paul Smith</i>	
U.S. FUNERAL DIRECTOR'S SIGNATURE <i>Arthur J. Donnelly</i>		ADDRESS 3840 Lindell Blvd.			

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

(Licensed Embalmer's Statement on Reverse Side)

11/10/43

STATEMENT BY LICENSED EMBALMER

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

Student.....  
Signature of Student Embalmer

Signed *Francis Williamson*.....

Licensed Embalmer No. *356*.....

P. O. Address..... *St. La.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.