No. 300
10.48

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

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43933

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11412

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3935 Russell Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 3935 Russell Ave., 2179

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) Russell c. (Last) Reed

4. DATE OF DEATH (Month) (Day) (Year): 12-13-54

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan.31 1882

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mixer

10b. KIND OF BUSINESS OR INDUSTRY: Concrete

11. BIRTHPLACE (City and State or Foreign Country): Salina County Ill.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Burd Reed

13b. MOTHER'S MAIDEN NAME: Molly Mofield

14. NAME OF HUSBAND OR WIFE: Mercy E. Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): Nil

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mercy E.Reed 3935 Russell Ave.,

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) Nephrosis Glomerulus — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES* *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerosis — 6 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertension — 6 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

446X

22. *I hereby certify that I attended the deceased from* 4-9, 19 47, *to* 12-13, 19 54, *that I last saw the deceased alive on* 12-13, 19 54, *and that death occurred at* 11:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gustave Dakins M.D.

23b. ADDRESS: 1402 Le Grand

23c. DATE SIGNED: 12-14-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 12-14-54

24c. NAME OF CEMETERY OR CREMATORY: Sunset Cem.

24d. LOCATION (City, town, or county) (State): Harrisburg Ill.

DATE REC'D BY LOCAL REG.: DEC 14 1954

REGISTRAR'S SIGNATURE: J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: A.H.Hoppe 4704 Washington Ave.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....J. Wm Buckley.....

Licensed Embalmer No. 365

P. O. Address....St. Lou

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