

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 28379

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>1843</u>				
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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>DOA</u>		c. CITY OR TOWN <u>St Louis</u>		d. Is Residence within limits of a city (incorporated town)? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>9</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>County Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>2707 St Vincent St 2001</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leon</u>			b. (Middle)		c. (Last) <u>Reed</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 7 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 8, 1925</u>		9. AGE (In years) (In months) (In days) (In hours) (In minutes) <u>29</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Candy Maker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Unk.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Des Arc Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Leon Reed Sr</u>			13b. MOTHER'S MAIDEN NAME <u>Grace Ruble</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Lee Reed</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Unk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Reed 16 Dora Jr</u>					ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES  Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)		MEDICAL CERTIFICATION <u>East St Louis 1</u> <u>Fracture of neck vertebrae, suffered while operating his automobile west on Highway 66, collided with an eastbound automobile at Chershire Lane, the latter car being struck from the rear by another automobile.</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>E 816 4</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>26</u> (COUNTY) (STATE) <u>Rural St. Louis Mo.</u>		21f. HOW DID INJURY OCCUR? Car the deceased was driving collided with another automobile, which was hit by a third car.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8/6/55 5:53 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>								
22. I hereby certify that I attended the deceased from _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>Arnold J. Willmann</u> <u>Coroner</u>				23b. ADDRESS <u>Clayton, Mo.</u>			23c. DATE SIGNED <u>8/10/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-8-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>		24d. LOCATION (City, town, or county) (State) <u>Piedmont Mo</u>				
DATE REC'D BY LOCAL REG. <u>8/9/55</u>		REGISTRAR'S SIGNATURE <u>Walter R. Donohue, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington</u>					

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

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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3749

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.