

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38775
9859

FILED NOV 18 1955

State File No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 month		e. STREET ADDRESS (If rural, give location) 5121 Washington avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1			

3. NAME OF DECEASED (Type or Print) Charles REEDER			4. DATE OF DEATH (Month) (Day) (Year) November 11, 1955		
a. (First)		b. (Middle)	c. (Last)		

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 13-1911	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10b. KIND OF BUSINESS OR INDUSTRY AC Spark Plug	11. BIRTHPLACE (City and State or Foreign Country) Marion, Ill.		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles E. Reeder		13b. MOTHER'S MAIDEN NAME Nelle Fischer		14. NAME OF HUSBAND OR WIFE Edith Reeder	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes WW#2		16. SOCIAL SECURITY NO. 473-01-1372	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edith Reeder, St. Louis, Mo.		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure			
		ANTECEDENT CAUSES DUE TO (b) Carcinomatosis DUE TO (c) Carcinoma of the Lung (Primary)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aplastic Anemia			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) 162X 155X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **10-25**, 19**55**, to **11-11**, 19**55**, that I last saw the deceased alive on **11-11**, 19**55**, and that death occurred at **4:45 p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Miles D Miller MD		23b. ADDRESS 1515 Lafayette	23c. DATE SIGNED 11-12-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 11-12-55	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Marion, Ill.
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DATE REC'D BY LOCAL REG. NOV 12 1955	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wilson, Marion, Illinois	
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(Licensed Embalmer's Statement on Reverse Side)

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 *Ronald O. Yohue*.....

Licensed Embalmer No. *39*.....

P. O. Address *.....*

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.