

FILED JAN 12 1956 STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>548</u>		Registrar's No. <u>2990</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>Mo.</u>				b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Webster Groves</u>)		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Webster Groves</u>		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 <u>Cherry Ave. & Mo. Pacific R.R.</u>				e. STREET ADDRESS (If rural, give location) <u># 41 Hart Ave.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gloria</u>			b. (Middle) <u>Torrini</u>			c. (Last) <u>Reed</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21, 1955</u>			5. SEX <u>F.</u>			6. COLOR OR RACE <u>W.</u>					
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>			8. DATE OF BIRTH <u>Aug. 23, 1924</u>			9. AGE (In years last birthday) <u>31</u> if UNDER 1 YEAR <u>3</u> Months <u>28</u> Days if UNDER 1 HR. <u>0</u> Hours <u>0</u> Min.					
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 (City and State or Foreign Country) <u>St. Louis, Missouri</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>Cherinto Torrini</u>			13b. MOTHER'S MAIDEN NAME <u>Stella DePalma</u>					
14. NAME OF HUSBAND OR WIFE <u>Capt. James Reed</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>none known</u>					
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Rudolph Torrini</u>			18. ADDRESS <u># 41 Hart Ave. W.G.</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		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain damage and skull fracture, suffered while operating her station wagon south on Cherry Ave. in Webster and while crossing the Mo. Pac. tracks her car WAS struck by an eastbound freight train.</u>											
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) <u>Accident</u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Right-of-Way</u>			21c. (CITY, TOWN, OR TOWNSHIP) <u>Webster</u> (COUNTY) <u>St. Louis</u> (STATE) <u>Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12/21/55</u> m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>Car she was operating was struck by freight train.</u>					
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 _____ m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Arnold J. Williams, Coroner</u> (Degree or title)					23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>12/27/55</u>				
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>			24b. DATE <u>12-29-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>				
DATE REC'D BY LOCAL REG. <u>12-22-55</u>			REGISTRAR'S SIGNATURE <u>Robert B. Rombo</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Donnelly</u> ADDRESS <u>3840 Lindell Blvd.</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..... *Francis Williamson*

Licensed Embalmer No. *35*

P. O. Address *3840 Lu*

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.