No. 300
10.48

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

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7102

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 852

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) 13 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4700 Cupples Place

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 [X] No [ ]
e. STREET ADDRESS (If rural, give location) 4700 Cupples Place 2069

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

4. DATE OF DEATH (Month) I (Day) -- (Year) 23rd 1956

5. SEX Female
6. COLOR OR RACE COL.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 8 -- 7th, -- 1887
9. AGE (In years last birthday) 68 — If under 1 year: Months 5, Days 16, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Domestiots
11. BIRTHPLACE (City and State or Foreign Country) Brownsville HaywoodCo. Tenn
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Manuel Davis
13b. MOTHER'S MAIDEN NAME Scholett Fells
14. NAME OF HUSBAND OR WIFE Earnest Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. ?
17. INFORMANT'S SIGNATURE OR NAME Lucie McNowlen — **ADDRESS** 4700, Cupples Place

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) CEREBRAL THROMBOSIS with Right Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSIVE CARDIOVASCULAR DISEASE — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 332 X
20. AUTOPSY? YES [ ] NO [X]

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?

22. *I hereby certify that I attended the deceased from* October 6, *19* 53, *to* Jan. 23, *19* 56, *that I last saw the deceased alive on* Jan. 23, *19* 56, *and that death occurred at* 2:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Chas. P. Forde, M.D. (Degree or title)
23b. ADDRESS 2746a Franklin Ave.
23c. DATE SIGNED Jan 24, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1/ 27/56
24c. NAME OF CEMETERY OR CREMATORY ST. Peters Cemetery
24d. LOCATION (City, town, or county) ST. Louis Co. (State) Missouri

DATE REC'D BY LOCAL REG. JAN 25 1956
REGISTRAR'S SIGNATURE J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE John H. Houston **ADDRESS** 2616, No. Garrison. 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 embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 444

P. O. Address 2616 No Garn

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