

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11301**

FILED MAR 22 1956

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PRIMARY REG. DIST. NO. **1003** Registrar's No. **2106**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2106	
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 township) OR TOWN ST. Louis 1341 Westminster		c. LENGTH OF STAY (in this place) _____		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"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mary Ryder Home				e. STREET ADDRESS (If rural, give location) 24 3250 So. Jefferson Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Amelia		b. (Middle) Jane		c. (Last) Reed		4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 25, 1872	9. AGE (In years last birthday) 83	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Edward Scherrill		13b. MOTHER'S MAIDEN NAME HICORN		14. NAME OF HUSBAND OR WIFE Joseph E. Reed			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur H. Reed Jr. 916 Michigan Farmington, Mo.			
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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery heart disease ANTECEDENT CAUSES arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Asthma Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH None yes yes	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 420.1		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from March , 19 55 , to Feb , 19 56 , that I last saw the deceased alive on Feb 20 , 19 56 , and that death occurred at 12:30 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. K. ...				23b. ADDRESS 2406 Union St.		23c. DATE SIGNED 2/28/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/11/56	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	24d. LOCATION (City, town, or county) (State) ST. Louis, Co., Mo.			
DATE REC'D BY LOCAL REG. FEB 28 1956		REGISTRAR'S SIGNATURE J. Charles Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Witt Bros. L. & H. Co. 2929 So. Jefferson			

(Licensed Embalmer's Statement on Reverse Side)

2906 N. Union

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 J. Weyland*.....

Licensed Embalmer No. *45*.....

P. O. Address *St. Louis*.....

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.