

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22075

State File No. _____

FILED JUN 20 1956

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5391

| | | | | | |
|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | d. STREET ADDRESS (If rural, give location) 2119 3959a Easton Ave., 0 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Thomas | | b. (Middle) W. | | c. (Last) Reed | |
| 4. DATE OF DEATH (Month) (Day) (Year) June 4 56 | | 5. SEX 0 Male | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, 3 WIDOWED, DIVORCED (Specify) Divorced | | 8. DATE OF BIRTH May 3, 1913 | | 9. AGE (In years last birthday) 43 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab Driver | | 10b. KIND OF BUSINESS OR INDUSTRY Taxi-Cab | | 11. BIRTHPLACE (State or foreign country) Perryville, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME Lawrence Reed | | 13b. MOTHER'S MAIDEN NAME Mary Brown | |
| 14. NAME OF HUSBAND OR WIFE - | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2 | | 16. SOCIAL SECURITY NO. 488-12-178 | |
| 17. INFORMANT'S SIGNATURE OR NAME Lawrence Reed | | ADDRESS 3959a Easton Ave. | | 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation by hanging while deceased was drunk | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) in his home on June 4th 1956 | | INTERVAL BETWEEN ONSET AND DEATH | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. While suffering from temporary mental aberration | | 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION E974x | |
| 20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 21a. ACCIDENT (Specify) Suicide | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 4, 56 3 | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:46 A.M., from the causes and on the date stated above. | | 23a. SIGNATURE James M. Kelly (Deputy title) Deputy Coroner | |
| 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 6/5/56 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 24b. DATE 6-5-56 | | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | | 24d. LOCATION (City, town, or county) (State) Jeff. Bks | |
| DATE REC'D BY LOCAL REG. JUN 5 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE Edw. Bender | |
| ADDRESS 5611 So Grand | | mgs | | (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
Student Embalmer

Signed Bill C. Brunner.....

Licensed Embalmer No. 4764.....

P. O. Address St. Louis, Mo.....

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 this body is not embalmed, fact should be so stated above.