

FILED JUL 25 1957

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27076

STATE FILE NUMBER

 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1731

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oakland		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01/ 1001 E. Big Bend		Length of stay in lb 2 yrs	d. STREET ADDRESS (If outside, give location) 23 1/2 STREET ADDRESS 5603 Delmar
3. NAME OF DECEASED (Type or print) First Cecil Middle Reid Last Reid		4. DATE OF DEATH Month July Day 9 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 18, 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Sewing	9. AGE (In years last birthday) 89
13. FATHER'S NAME William Reid		11. BIRTHPLACE (City and state or country) Botetourt Co., Va.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME Annileta Garrett	
17. INFORMANT Bethesda-Dilworth Home Records.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma both Breasts			INTERVAL BETWEEN ONSET AND DEATH 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General Carcinomatosis.			chr
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 170X		
20c. TIME OF INJURY a. Hour, Month, Day, Year p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from July 1956 to July 9 1957 and last saw her/him alive on July 8 1957 Death occurred at 3501 VA ONI m on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) W. Deanebaugh M.D.		22b. ADDRESS Webster Groves Mo	22c. DATE SIGNED 7/10/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 7-10-57	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. 7-10-57	26. REGISTRAR'S SIGNATURE Heckard R. Donheugh

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

 Health, Welfare Public Service
 300-1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

