

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007708

STATE FILE NUMBER

FILED MAR 7 - 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 2416

| | | | | | |
|---|---------------------------|---|---|---|---|
| 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, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 ST. LOUIS CITY HOSP. #1. | | Length of stay in 1b #1. | d. STREET ADDRESS (If outside, give location) 2478 3541 Oregon Ave. | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last THOMAS C. REED | | | 4. DATE OF DEATH Month Day Year FEB. 26, 1958 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 28, 1891 | 9. AGE (In years last birthday) 67 | 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) Laborer-Century Electric Co. | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Bertram, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME George Reed | | 13b. MOTHER'S MAIDEN NAME Barbara Carr | | 14. NAME OF HUSBAND OR WIFE Hattie P. Reed | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No None | | 16. SOCIAL SECURITY NO. 493-09-2064 | 17. INFORMANT Address a Hattie P. Reed 3541 Oregon Ave. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> DUE TO (b) <u>Paralysis Agitans</u> DUE TO (c) <u>Chronic Brain Syndrome</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Decubitic ulcers of trunk</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>15 years</u> <u>5 years</u> |
| 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.) <u>350x</u> | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. 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 <u>1/16/58</u> to <u>2/26/58</u> and last saw ^{her} him alive on <u>2/2 6/58</u> Death occurred at <u>7:45 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>John F. Fisher M.D.</u> | | | 22b. ADDRESS <u>1515 LAFAYETTE AVE.</u> | | 22c. DATE SIGNED <u>2/26/58.</u> |
| 23a. BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Mar. 1, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Kriegshauser 4228 S. Kingshighway</u> | | 25. DATE RECD. BY LOCAL REG. <u>FEB 27 '58</u> | | 26. REGISTRAR'S SIGNATURE <u>John Smith MO</u> <u>mfb</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

Richard W. Stover

Licensed Embalmer No. 4007

P. O. Address

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.