

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **58-007709**

FILED MAR 5 - 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2366**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri.** b. CITY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township)  
OR **St. Louis**

c. CITY OR TOWN **St. Louis.**

d. Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION  
**26 St. Louis Chronic Hospital.**

e. STREET ADDRESS (If rural, give location)  
**2790 2629 Franklin.**

3. NAME OF DECEASED  
a. (First) **Tom** b. (Middle) \_\_\_\_\_ c. (Last) **Reed.**

4. DATE OF DEATH (Month) (Day) (Year)  
**February 13, 1958**

5. SEX **Male** 6. COLOR OR RACE **Col.**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Unknown**

8. DATE OF BIRTH  
**May 18, 1867**

9. AGE (In years last birthday) **96**  
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)  
**Unknown**

10b. KIND OF BUSINESS OR INDUSTRY  
**Unknown**

11. BIRTHPLACE (City and State or Foreign Country) **9**  
**Not Known**

12. CITIZEN OF WHAT COUNTRY?  
**Unknown**

13a. FATHER'S NAME  
**Not Known**

13b. MOTHER'S MAIDEN NAME  
**Not Known**

14. NAME OF HUSBAND OR WIFE  
**Unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
**unknown**

16. SOCIAL SECURITY NO.  
**unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Hospital Records 5600 Arsenal St.**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Arteriosclerotic Heart Disease**

INTERVAL BETWEEN ONSET AND DEATH  
**2 yrs.**

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) **Generalized arteriosclerosis**

**2 yrs.**

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
**420.0**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? **2**  
YES  NO

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) (Minute)  
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 **March 13, 1956**, to **February 13, 1958**, that I last saw the deceased alive on **February 13, 1958** and that death occurred at **7:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John W. Beckham, M.D.**

23b. ADDRESS **5800 Arsenal**

23c. DATE SIGNED **2/14/58**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**

24b. DATE **3-21-58**

24c. NAME OF CEMETERY OR CREMATORY  
**Anatomical Board**

24d. LOCATION (City, town, or county) (State)  
**St. Louis, Mo. Co., Mo**

DATE REC'D BY LOCAL REG.  
**FEB 27 '58**

REGISTRAR'S SIGNATURE  
**Carl Smith**

25. FUNERAL HOME OR OTHER PREPARATORY SERVICE  
**Funeral Home**  
**5010 Chricht**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD  
Corr. by Affidavit 6/5/1958

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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.....

Licensed Embalmer No.....

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.

12/15/1915