

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026644  
STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY <b>Saint Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Saint Charles</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Village Elmdale</b> 4000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hosp. DOA</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>3685 Brown Rd</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Omar Dean Reed</b>		4. DATE OF DEATH Month Day Year <b>July 19 - 1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 15th, 1933</b>
9. AGE (In years) 25		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Station Agent</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Omar Dean Reed</b>	
14. MOTHER'S MAIDEN NAME <b>Marie Myers</b>		15. NAME OF HUSBAND OR WIFE <b>Patricia Reed</b>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Korean</b>		17. SOCIAL SECURITY NO. <b>492-32-9813</b>	
18. INFORMANT <b>Patricia Reed</b>		Address <b>3685 Brown Rd.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Accident</b> DUE TO (b) <b>Internal injuries</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <b>866X 39</b>
19a. ACCIDENT <input checked="" 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.) <b>Mechanical failure of airplane</b>	
20c. TIME OF INJURY <b>5:07 p.m. July 19, 1958</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>St. Louis Suburban Airport</b>	
20e. CITY, TOWN, OR LOCATION <b>St. Louis, Mo.</b>		20f. COUNTY STATE <b>400</b>	
21. I attended the death of <b>Omar Dean Reed</b> on <b>July 31, 1958</b> and last saw her/him alive on _____ Death occurred at <b>July 19, 1958</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Marion Mischon</i>		22b. ADDRESS <i>Wentzville Mo July 31-58</i>	
22c. DATE SIGNED <b>7-31-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>7-22-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
23d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>		24. FUNERAL DIRECTOR <b>Drehmann Harral</b>	
25. DATE RECD. BY LOCAL REC. <b>July 19-58</b>		26. REGISTRAR'S SIGNATURE <i>Maceea Wilson</i>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Corrected by affidavit 8/19/58

AUG 19 1958

AUG 6 1958

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 *Frank R. Amalson*

Licensed Embalmer No. *4832*

P. O. Address *St Charles*

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.