THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003924
STATE FILE NUMBER

FILED FEB 10 1959 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 287

1. PLACE OF DEATH
a. COUNTY ST. LOUIS CO.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRENTWOOD — Inside Limits Yes ✓ No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8743 EVANS AVE — Length of stay in 1b YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY ST. LOUIS
c. CITY OR TOWN BRENTWOOD 45110 — Inside Limits Yes ✓ No
d. STREET ADDRESS (If outside, give location) 8743 EVANS. — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First EUGENIA Middle PLEASANT Last REED
4. DATE OF DEATH Month JAN. Day 29 Year 1959
5. SEX FEMALE
6. COLOR OR RACE 3 COLORED
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ 1 DIVORCED ☐
8. DATE OF BIRTH JAN. 24-89
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months Days 5 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE-
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (City and state or country) CARBONDALE ILL. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME UNKNOWN
14. MOTHER'S MAIDEN NAME UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT EDNA HENDRICKS Address 4050 GARFIELD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)
Coronary Occlusion
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
ITEM 22c CORRECTED
BY AFFIDAVIT OF Registrar
3-5-59
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 JAN 1957 to Dec 1958 and last saw her him alive on Dec 1958
Death occurred at 8:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Russell M.D.
22b. ADDRESS Webster Groves 19, 243 E. Kirkham Mo.
22c. DATE SIGNED 1-29-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 2-3-59
23c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON CEM.
23d. LOCATION (City, town, or county) KIRKWOOD (State) MO.
24. FUNERAL DIRECTOR PETTIS FUNERAL HOME ADDRESS 4181 WASHINGTON
25. DATE RECD. BY LOCAL REG. 1-30-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Esther K. Harris

Licensed Embalmer No. 4

P. O. Address 4181 W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.