

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007564

STATE FILE NUMBER

2 1475

FILED MAR 2 1959 Registration District No. _____ Primary Registration District No. _____ Registrar No. 1475

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>University City</u>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>City Hospital</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>7521 Wayne Ave</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>John Edwin Reid</u>			4. DATE OF DEATH Month Day Year <u>2 10 59</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>3</u> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 18, 1919</u>
9. AGE (In years last birthday) <u>39</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fed. Barge Line</u>	11. BIRTHPLACE (City and state or country) <u>Cairo, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Leslie T. Reid</u>	13b. MOTHER'S MAIDEN NAME <u>Fawn A. White</u>
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.2</u>	16. SOCIAL SECURITY NO. _____
17. INFORMANT <u>Mrs Fawn A. Martin</u>		Address <u>7521 Wayne Ave</u>	
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>Subdural Hemorrhage</u> <u>E983X</u>			INTERVAL BETWEEN ONSET AND DEATH
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 (e.g., pre-existing disease, etc.) <u>Supper in Catering room</u> <u>Room 214 Oriole Hotel</u> <u>between spilled and of Franklin</u> <u>Hawell. Exact time unknown.</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>February 10, 1959.</u>		
20c. TIME OF INJURY Hour a.m. p.m. <u>2 10 59</u>	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, school, street, office, etc.) <u>Hotel</u>	20f. CITY, TOWN, OR LOCATION <u>St Louis Mo</u>
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at <u>1230 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Strick E. Taylor Coroner</u>	
22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>2/11/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Feb. 11, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) <u>Cairo, Illinois</u>
24. FUNERAL DIRECTOR <u>Berbling Funeral Home; Cairo, Ill</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 11 '59</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith. M.D.</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Joseph McEulloch*

Licensed Embalmer No. *2460*
P. O. Address *6175 9th St*

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.