

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026298

FILED VS JUL 20 1959

Registration District No. 309 Primary Registration District No. 6050 Registrar's No. _____ STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <u>Missouri</u> COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Portage twsp.</u>		Length of stay in 1b <u>DOA</u>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clark Bridge</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1425 Montrose St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Eugene</u> Middle _____ Last <u>Reed Jr.</u>			4. DATE OF DEATH Month <u>Jul.</u> Day <u>8,</u> Year <u>1959</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 23, 1931</u>	9. AGE (last birthday) <u>27</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>15</u> Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sutton Ford Co.</u>	11. BIRTHPLACE (City and state or country) <u>Mississippi</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Eugene Reed Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Adams</u>	14. NAME OF HUSBAND OR WIFE <u>Larsie Morgan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>425-50-7211</u>	17. INFORMANT <u>Mrs. Larsie Reed, St. Louis, Mo</u>	Address _____
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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>Accidental drowning</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Trying to save the lives of two teenage boys.</u>	
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. 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.) <u>Drowning - trying to save two boys</u>
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20c. TIME OF INJURY <u>3:05 p.m.</u>	Month, Day, Year <u>7/ 8/59</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mississippi River</u>	20f. CITY, TOWN, OR LOCATION <u>St. Charles Co. Missouri</u>	COUNTY _____ STATE _____
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21. I attended the deceased from held inquest to 7/13/59 and last saw her him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Meris Murchany</u>	(Degree or title) _____	22b. ADDRESS <u>Wentzville Mo</u>	22c. DATE SIGNED <u>July 13-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>July 14, 1959</u>	23c. NAME OF CEMETERY OR CREMATORIA <u>Washington Park Cmty.</u>	23d. LOCATION (City, town, or county) (State) <u>Berkeley, Missouri</u>
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24. FUNERAL DIRECTOR <u>E.B. Woince Mortuary, St. Louis, Mo.</u>	ADDRESS _____	25. DATE RECD. BY LOCAL REG. <u>July 16th 1959</u>	26. REGISTRAR'S SIGNATURE <u>JWE</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank R. Amal

Licensed Embalmer No. 483

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.