URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 14 1960

[redacted]

Registration District No. _____ Primary Registration District No. _____ Registrar's 2 2021 STATE FILE NUMBER 60-008765

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Saint Louis
Length of stay in 1b: —
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Faith Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Moline
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): #25 Capitol Hill Drive
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: John; Middle: F.; Last: Reed

4. DATE OF DEATH: Month: Feb.; Day: 20; Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8/23/1900

9. AGE (last birthday): 59 years
IF UNDER 1 YEAR: Months: ; Days:
IF UNDER 24 HR: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Drug

11. BIRTHPLACE (City and state or country): Piedmont, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Charles Reed

13b. MOTHER'S MAIDEN NAME: Alice (Unknown)

14. NAME OF HUSBAND OR WIFE: Pauline Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 492-03-2587

17. INFORMANT: Mrs. Pauline Reed, Address: $25 Capitol Hill Dr

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	METASTATIC CARCINOMA	3 MO
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CARCINOMA OF LUNG	5 MO
DUE TO (c)	163X	

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. ☐ Yes ☐ No ☐ Unknown

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.)

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 OCT. 23, 1960, to FEB. 20, 1960 and last saw ~~her~~ him alive on FEB. 20, 1960

Death occurred at 1:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arnold A. Smith MD

22b. ADDRESS: 2100 HUDSON DR

22c. DATE SIGNED: 2/22/60.

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Motor

23b. DATE: Feb. 23, 1960

23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

23d. LOCATION (City, town, or county) (State): Poplar Bluff, Missouri

24. FUNERAL DIRECTOR ADDRESS: CALVIN F. FEUTZ, 4828 NAT'L. BRIDGE BLVD.

25. DATE RECD. BY LOCAL REG.: FEB 22 1960

26. REGISTRAR'S SIGNATURE: Ward Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

File in city.

Monday June

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_____ Signed Ralph C. Finden

Signature of Student Embalmer

Licensed Embalmer No. 4275

P. O. Address St. Louis,

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