

16785603 SL 24746

318

1003

5933

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5933

FILED JUN 29 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND, ST LOUIS, MO.		Length of stay in 1b. 152 DAYS	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE ILLINOIS COUNTY MADISON		c. CITY OR TOWN ALTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADMIN. HOSPT.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2518 1/2 WASHINGTON			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First MIDDLE LAST FINEST NMI REED				4. DATE OF DEATH JUNE 24 1961		5. SEX MALE		6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/4/97	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HOIST OPERATOR				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) HUMBOLDT, TENN.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME GARDNER REED				13b. MOTHER'S MAIDEN NAME CHANEY COLEMAN			14. NAME OF HUSBAND OR WIFE BE-EVA REED						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I				16. SOCIAL SECURITY NO.		17. INFORMANT Address BE-EVA REED, WIDOW, SEE #2							
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 CARDIOVASCULAR DISEASE, ESSENTIAL										INTERVAL BETWEEN ONSET AND DEATH 13 YRS.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)		DUE TO (c) 443x								
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						
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input 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.)									
20c. TIME OF INJURY Hour Month, Day, Year p.m.													
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, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE				
21. I attended the deceased from 1/23/61 to 6/24/61 and last saw him alive on 6/24/61		Death occurred at 3:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.											
22. SIGNATURE (Degree or title) FRANCIS J. CAREY M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.				22c. DATE SIGNED 6/24/61					
23a. BURIAL, CREMATION, REMOVAL (Specify) 6/28/61 6-28-61		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY Alton Cemetery			23d. LOCATION (City, town, or county) Alton, Illinois			(State)			
24. FUNERAL DIRECTOR Russell Funeral Home, Alton, Ill.				ADDRESS		25. DATE RECD. BY LOCAL REG. JUN 26 1961		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.					

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 Julius R Brown
Licensed Embalmer No. 5146

P. O. Address 1924 Central
Delton, Del

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.