MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

62-009377
STATE FILE NUMBER

Registration District No. __317__ Primary Registration District No. __548__ Registrar's No. __338__

FILED FEB 23 1962

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN: Webster Groves   Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis County Hosp. D.O.A. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.   b. COUNTY: St. Louis
c. CITY OR TOWN: Webster Groves   Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 660 Locksley Pl.   Reside on Farm Yes ☐ No ☒

CLAYTON

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

4. DATE OF DEATH   Month: Jan.   Day: 26   Year: 62

5. SEX: M.
6. COLOR OR RACE: W.
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-27-1944
9. AGE (last birthday): 17   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): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): St. Louis
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Price Reed Jr.
13b. MOTHER'S MAIDEN NAME: Dorothy Moore
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: John Price Reed Jr. 660 Locksley   Address

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

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): _____

INTERVAL BETWEEN ONSET AND DEATH

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.)
Operator of car in which he was a passenger lost control of same, striking a utility pole

20c. TIME OF INJURY: 1:00 a.m. approx. **Month, Day, Year:** 1/26/62
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.): public roadway
20f. CITY, TOWN, OR LOCATION: Webster Groves   **COUNTY:** St. Louis   **STATE:** Missouri

21. I attended the deceased from _____, to _____ and last saw 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 (Degree or title): _Raymond Nau_ Coroner
22b. ADDRESS: Clayton, Mo.
22c. DATE SIGNED: 1/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1/28/62
23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cem.
23d. LOCATION (City, town, or county): St. Louis   **(State):** Mo.

24. FUNERAL DIRECTOR & ADDRESS: Parker-Aldrich, Webster Groves, Mo.
25. DATE RECD. BY LOCAL REG.: 1-26-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____   Signed_*Leslie Welch*_____
          Signature of Student Embalmer

          Licensed Embalmer No._*4395*___

          P. O. Address_*Webster Groves, Mo*_

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.