

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045936

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11301 STATE FILE NUMBER

FILED NOV 22 1963

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MO. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Length of stay in 1b 25 yrs. c. CITY OR TOWN ST. LOUIS Inside Limits Yes  No   
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DEPAUL HOSPITAL Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) 5081 Cates Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
MINNIE MAE REED November 13, 1963

5. SEX FEMALE 6. COLOR OR RACE NEGRO 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 5/29/05 9. AGE (last birthday) 58 IF UNDER 1 YEAR Months 5 Days 14 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Peelyhachie, Miss. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME (Unknown) Foster 13b. MOTHER'S MAIDEN NAME Alice (unknown) 14. NAME OF HUSBAND OR WIFE George Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates) No 17. INFORMANT Address George Reed, 5081 Cates

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Carcinoma of stomach don't know  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 151X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 0 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. 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 11-2-63 to 11-13-63 and last saw her <sup>her</sup> ~~him~~ alive on 11-13-63  
Death occurred at 4:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Ink or blue) 22b. ADDRESS 22c. DATE SIGNED  
Walter H. Spooneman 1515 St. Louis Avenue 11-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 11/18/63 23c. NAME OF CEMETERY OR CREMATORY Washington Park Cem. 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  
Charles J. Gates, Jr., 4107 Finney ADDRESS NOV 15 1963 Hoal Smith, M.D.

VS 300 Rev. 4/59

1

2 2/29

3

4 3

5 1

6

7 1

8 1

9

10

11

12 57-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

2-PC

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

*Gunton Swain*

Licensed Embalmer No. 4580

P. O. Address: 4107 Finney

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.