

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35793

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 10594
St. Ward)

2. FULL NAME

Sallie Ann Reed

(a) Residence. No. 2010 McCausland 4 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Thos H Reed Sr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 16 - 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 1 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Sandy, Missouri

10. NAME OF FATHER Thos W Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jefferson Missouri

12. MAIDEN NAME OF MOTHER Pamela Beckett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jefferson Missouri

14. INFORMANT Clara W Reed
(Address) 2010 McCausland

15. FILED OCT 29 1929 W C Starnes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 26 1929

17. I HEREBY CERTIFY, That I attended deceased from 19 Oct 26 1929 to 19 Oct 26 1929 that I last saw her alive on Oct 26 1929 and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malignant adenoma: thyroid; Thyroid Gland
1108

(duration) mos. ds.
CONTRIBUTORY (SECONDARY) Hemiplegia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS Paracentesis: Gray
(Signed) Frank Douglas, M.D.
(Address) 6700 Parkway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill DATE OF BURIAL Oct 29 1929

20. UNDERTAKER Parker and Co ADDRESS webster groves

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Dr Bougher

6200 Pershing
V

Handwritten initials or mark.