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.

ISOLATION HOSPITAL

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

Do not use this space.

26051

1. PLACE OF DEATH

County AUG - 5 1937 Registration District No. 791 File No.

Township Primary Registration District No. 7063 Registered No. 7225

City St. Louis, Mo. (No. , Isolation Hosp. St. Ward)

2. FULL NAME James Reid JR.

(a) Residence, No. 724 a Baden , Baden St., 8 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1936

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
0	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME James Reid

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton, Ill.

MOTHER

15. MAIDEN NAME Lilly Counts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellington, Mo.

17. INFORMANT (ADDRESS) M.G. Barry 5600 Arsenal st.

18. BURIAL, CREMATION, OR REMOVAL PLACE FRIEDEN'S Home DATE July 30 1937

19. UNDERTAKER (ADDRESS) DIEDRICH FUNERAL HOME 8319 Hall Ferry Rd.

20. FILED JUL 30 1937 19 J F Biedrich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1937, to July 29, 1937

I last saw him alive on July 29, 1937. Death is said to have occurred on the date stated above, at 7:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas, head	7-28-37
Pneumonia (Bronchial	7-26-37
Intussusception of Bowel	7-12-37

Other contributory causes of importance:

Name of operation Laparotomy Date of 7-12-37

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry J. Ulrich, M. D.

(Address) 5600 Arsenal