

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

39681
Do not use this space.

791 /
1003 /

Registered No. **10668**

1. PLACE OF DEATH
(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis Mo (d) Street No. BARNES HOSPITAL St.
(e) Length of residence in city or town where death occurred Unknown ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Reid Reid
(a) Residence, No. 3938 Cook Ave St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, DIVORCED, OR SEPARATED, HUSBAND OF (OR WIFE OF) Willieana Reid

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1896
7. AGE YEARS 37 MONTHS 41 DAYS 5 If LESS than 1 day, hrs. or min. 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Day Work
10. Date deceased last worked at this occupation (month and year) November 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) Brownsville (STATE OR COUNTRY) Tennessee

FATHER 13. NAME Edward Reid

14. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Annie-Unavailable

16. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Unavailable

17. INFORMANT Maggie Reid (ADDRESS) 4602 Cottage Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Nov. 18, 1937

19. FUNERAL DIRECTOR Charles J. Gates (ADDRESS) 4107-09 Finney Avenue

20. FILED NOV 18 1937 J. T. Brebeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1937, to November 16, 1937. I last saw him alive on November 16, 1937. Death is said to have occurred on the date stated above, at 12:30 m.

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

Pulmonary Tuberculosis
Tuberculosis Pneumonia

Date of onset
?
?

Other contributory causes of importance: J. B.

Name of operation Date of
What test confirmed diagnosis? 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) F. R. Bradley, M. D.
(Address) BARNES HOSPITAL

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.

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DEC 13 1937

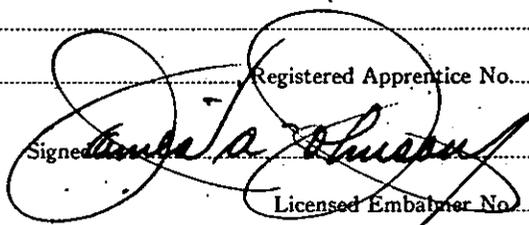
STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

 L. E.

No. or by
working under my personal supervision.

Signed 

Registered Apprentice No.

Licensed Embalmer No. 3522

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.)