

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

20153  
 Do not use this space.

REC'D JUL 12 1938

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **2122 Obear Ave;** Registered No. **5292**  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** **Jesse Edward Reed**

(a) Residence, No. **2122 Obear Ave.** St. **9**  
 (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 **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 25th. 1895.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<b>53</b>		<b>4</b>	<b>13</b>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **P.W.A.**  
 9. Industry or business in which work was done, as 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 **John Reed**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

MOTHER 15. MAIDEN NAME **Emma Turner**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT **Mary Reed**  
 (ADDRESS) **2122 Obear Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters** DATE **June-11-** 19 **38**

19. FUNERAL DIRECTOR **Wacker-Helderle**  
 (ADDRESS) **2331 S. Broadway**

20. FILED **JUN 10 1938** **J. P. Buebeck**  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 8 1938**

22. I HEREBY CERTIFY That I attended deceased from **June 5**, 19**38**, to **June 7**, 19**38**  
 I last saw him alive on **June 7**, 19**38**. Death is said to have occurred on the date stated above, at **11** p.m.  
 The principal cause of death and related causes of importance were as follows:

**Septicemia from Infected Carcinoma of Rectum also Intestinal Obstruction**

Date of onset **4 days**  
 Date of death **2 yrs**  
 Date of burial **4 days**

Other contributory causes of importance: **None**

Name of operation **none** Date of operation  
 What test confirmed diagnosis? **none** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **None** Date of injury **None**  
 Where did injury occur? **None**  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury **None**  
 Nature of injury **None**

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify **None**  
 (Signed) **W. B. Stebbins**, M. D.  
 (Address) **2000 E. Grand**

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.

STATEMENT BY LICENSED EMBALMER

I, Frank J. Oylanel, Licensed Embalmer No. 2645  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by  
..... L. E. ....

No. .... or by .....  
working under my personal supervision.

Signed Frank J. Oylanel, Registered Apprentice No. ....  
..... Licensed Embalmer No. 2645

**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.)**