

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.

NOV 16 1938

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

33795  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
(b) Township 1 Primary Registration District No. 1008  
(c) City St. Louis (d) Street No. 1702a N. Taylor St. Unsubscribable  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 30 yrs. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 8781

2. PRINT FULL NAME

James Reed  
(a) Residence, No. 1702a N. Taylor St. 1/1  
(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, OR DIVORCED HUSBAND OF (OR) WIFE OF Melvina Reed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1886 ?  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Abt. 52

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coal Dealer  
9. Industry or business in which work was done, as saw mill, bank, etc. Self  
10. Date deceased last worked at this occupation (month and year) October 1938 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rankin County Mississippi

13. NAME Lewis Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Georgia

15. MAIDEN NAME Mary Dixon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mississippi

17. INFORMANT (ADDRESS) Melvina Reed 1702a N. Taylor

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Oct. 8th 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chad Sales 4107 Finney Ave.

20. FILED OCT 7 1938 J. B. Bredbeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5th 1938

22. I HEREBY CERTIFY, That I attended deceased from October 2nd 1938 to October 5th 1938  
I last saw him alive on October 5, 1938 Death is said to have occurred on the date stated above, at 6:10 A.M.  
The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia  
Acute Asthmatic Bronchitis  
Other contributory causes of importance:  
None

Name of operation None Date of None  
What test confirmed diagnosis Clinical 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, 1938  
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) J. B. Bredbeck, M. D.  
(Address) 322a N. Jefferson

Date of onset 3 days

**STATEMENT BY LICENSED EMBALMER**

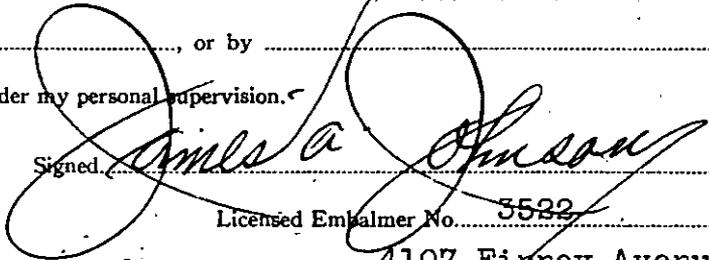
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

**James A. Johnson**

....., or by .....

Registered Apprentice No. ...., working under my personal supervision. ✓

Signed.....



Licensed Embalmer No. **3532**

P.O. Address **4107 Finney Avenue**

**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 this body is not embalmed, above space should be left blank.**