

NOV 16 1936

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

34067  
Do not use this space.

1. PLACE OF DEATH  
 (a) County ..... 2 ..... Registration District No. 791  
 (b) Township ..... 1 ..... Primary Registration District No. 1003  
 (c) City ..... St. Louis ..... (d) Street No. 3940 St. Louis ..... Registered No. 9053  
 (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 <sup>300</sup> Mamie Niles Reed  
 (a) Residence, No. 3940 St. Louis ..... St.  (If nonresident, give city or town and State)

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 HUSBAND OF (OR) WIFE OF Nelson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 1859  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
 79 3 29  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 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) Bunker Hill Ill  
 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT Franklin V Reed (ADDRESS) 3940 St. Louis  
 18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus DATE Oct 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 12-4-1933 to 10-16-1938  
 I last saw her alive on 10-15-1938 Death is said to have occurred on the date stated above, at 5.45pm  
 The principal cause of death and related causes of importance were as follows:  
 Myocarditis, acute 10/10/38  
 Other contributory causes of importance: Carcinoma, Stomach ?  
 Name of operation None Date of .....  
 What test confirmed diagnosis? X-Ray Was there an autopsy? No  
 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? f  
 If so, specify (Signed) Nicholas S. Vitale, M. D. (Address) 3861 St. Louis Ave.

19. FUNERAL DIRECTOR A. Krone R & U Co (ADDRESS) 2707 M Grand Blvd  
 20. FILED OCT 17 1938 J. T. Predeck Local Registrar.

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, Paul F. Knochenberg, Licensed Embalmer No. 2631

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

..... L. E. ....

No..... or by..... Registered Apprentice No.....

working under my personal supervision.

Signed Paul F. Knochenberg

Licensed Embalmer No. 2631

**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.)**