

REC'D FEB 10 1939

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

131  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... / Registration District No.....  
(b) Township..... / Primary Registration District No.....  
(c) City..... St. Louis (d) Street No..... Homer Phillips Hospital St.  
(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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 3rd Tom Reed

(a) Residence, No. 3446 Pine St. 27  
(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 M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
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6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76 3 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coachman  
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) Kentucky  
(STATE OR COUNTRY)13. NAME Charlie Reed14. BIRTHPLACE (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)15. MAIDEN NAME Mattie Rice16. BIRTHPLACE (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)17. INFORMANT Evelyn Hilliard  
(ADDRESS) 2601 N Whittier

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE 1/4/39, 1919. FUNERAL DIRECTOR (NAME) Ernest Toney Co.  
(ADDRESS) 3421 Delmar Blvd.20. FILED 1939

J. F. Brubaker  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1, 193922. I HEREBY CERTIFY, That I attended deceased from  
Dec. 22, 1938 to Jan. 1, 1939I last saw him alive on Jan. 1, 1939 Death is said  
to have occurred on the date stated above, at 1:45 p.m.

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

Hypertensive heart disease

Date of onset  
12/22/  
38

Other contributory causes of importance:

Name of operation..... Date of.....

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?..... 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) H. J. Lyman, M. D.(Address) 2601 N Whittier

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**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, or by me

Louis V. Atkins

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Fin...

**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.**