WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D APR 12 1939

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

791 1003

8546
Do not use this space.

2311

1. PLACE OF DEATH
(a) County ..... / Registration District No. 1003
(b) Township ..... / Primary Registration District No. ..... Registered No. 2311
(c) City St. Louis, Mo. / (d) Street No. US Marine Hospital, 3640 Marine Ave. 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 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sam Reed
(a) Residence, No. ~~None given.~~ No home St. [X] .....
(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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 16, 1881
7. AGE: YEARS 57 | MONTHS 11 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Deckhand
9. Industry or business in which work was done, as saw mill, bank, etc. General labor on river steamers.
10. Date deceased last worked at this occupation (month and year) Feb. 18, 1928
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Alabama /

FATHER
13. NAME: Tim Reed
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Alabama /

MOTHER
15. MAIDEN NAME: Jane Jones /
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Alabama

17. INFORMANT (ADDRESS): GREEN PINKSTON Clinical Record, US Marine Hospital, St. Louis, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Greenwood Cem. DATE 3-11-39, 19
19. FUNERAL DIRECTOR (ADDRESS): J. H. Harrison Lawton
20. FILED ..... 19 ..... J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1936, 19, to March 7, 1939, 19
I last saw him alive on March 7, 1939, 19 Death is said to have occurred on the date stated above, at 5:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, cardio-vascular	Unknown

Other contributory causes of importance:

x Hemiplegia, right	Unknown

Name of operation None Date of .....
What test confirmed diagnosis Clinical and laboratory Was there an autopsy? No 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? no
If so, specify .....
(Signed) C. Y. Bailey, Surg. (R) USPHS, M. D.
(Address) US Marine Hospital, St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, James H. Harrison, Licensed Embalmer No. ME 760

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

L. E.

No. 760 or by, Registered Apprentice No.

working under my personal supervision.

Signed Jas H Harrison

Licensed Embalmer No. 760

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.)