

FILED AUG 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26221

State File No. _____

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1402

I. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Pattonville
(If outside city or town limits, write "RURAL")
(d) Street No. Faulkner & Old St. Charles
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1940 hour 8 minutes 15 A. M.

21. I hereby certify that I attended the deceased from 7-18-40
_____ 19 _____ to 7-26-40 19 _____;
that I last saw her alive on 7-26-40 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Hypertensive cardiovascular
renal disease → Several years

Due to Cardiac decompensation → Several weeks

Other conditions Chronic lymph erythematous Many years
(Include pregnancy within _____ months of death)
(LUPUS ERYTHEMATOSUS)

Major findings:
Of operations _____

Of autopsy 131

22. If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

707
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature M. A. Galt (M. D. or other) _____
Address St. Louis County Hospital Date signed 7/26/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3. (a) PRINT FULL NAME Stella Reed 300

3. (b) If veteran, name war ? 3. (c) Social Security No. ?

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Charles Reed 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 3 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 9 23 hr. min.

9. Birthplace De Sota Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business _____

MOTHER FATHER { 12. Name William Ames

13. Birthplace Unknown Va.
(City, town, or county) (State or foreign country)

14. Maiden name Frances Buriss

15. Birthplace Unknown Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Grace M. Galt
(b) Address Pattonville Mo.

17. (a) Burial (b) Date thereof 7-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Pattonville Funeral Home
(b) Address 9222 Oak St. Pattonville, Mo.

19. (a) JUL 20 1940 (b) M. A. Galt
(Date received local registrar) (Registrar's signature)

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.....

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

Signed

A. C. Ostmann

Licensed Embalmer No. 3778

P. O. Address.....

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.