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3-40  
7-39  
X21

SEP 25 1940 791  
Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days (Specify whether  
In this community 36 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis 22  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1210 S. 9th Street  
(If rural, give location)  
(e) If foreign born, how long in U.S.A. 36 years years.

3. (a) PRINT FULL NAME Harry Reed 300

3. (b) If veteran, name war No. 3. (c) Social Security No. 488-09-2940

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Annetta 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 11, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 4 20 hr. min.

9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Houseman

11. Industry or business Mo. Athletic Club

MOTHER FATHER { 12. Name William Reed  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Ann McClellan  
15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Annetta Reed  
(b) Address 1210 S. 9th St

17. (a) Burial (b) Date thereof 8/3/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director A. N. McLaughlin  
2501 Lafayette Ave  
(b) Address Aug 2 1940

19. (a) (Date received local registrar) (b) J. F. Brudeck  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1  
year 1940 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from  
....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Stroke

Due to 191  
Due to 40

Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, 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?

While at work (Specify type of place) (b) Means of injury 5  
23. Signature Alfred Perry (M. D. or other) 2  
Address St. Louis Date signed 8/2/40

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

**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 *L.R. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**