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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33234

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1844

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural Lemay (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: In Mississippi River ¼ Mile S. of Hillcrest (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison

(c) City or town Granite City (If outside city or town limits, write "RURAL")

(d) Street No. 3043 Myrtle ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Clinton T. Reading

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Roetta Reading

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased January (Month) 18, (Day) 1906 (Year)

8. AGE: Years 34 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Butler Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Fireman 0

11. Industry or business Barber Asphalt Co. Inc. 0

FATHER
12. Name Charles Reading
13. Birthplace Butler Co. (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Rosey Tomio
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Roetta Reading

(b) Address 3043 Myrtle ave. Granite City, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Octo. 1, 1940. (Month) (Day) (Year)

(c) Place: burial or cremation Granite City, Ill.

18. (a) Signature of funeral director O. Hoffmeister N. L. Co.

(b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) OCT - 1 1940 (Date received local registrar) (b) T. R. Meyer M.S. Dr. P.H. (Registrar's signature) SC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1940 hour 10 minute 30 P 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 Suicide by jumping off of a Bridge into the Mississippi River

Due to

Due to Drowning

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 166

Of autopsy

Duration 9/25/40

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) Suicide

(b) Date of occurrence Sept 25, 1940

(c) Where did injury occur? St. Louis (or Venice Ill) (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Bridge (Specify type of place)

While at work? No (e) Means of injury Drowning

23. Signature John Connell (M. D. ~~or other~~) 5

Address Forest St. Louis Co. Date signed 10/1/40

(Licensed Embalmer's Statement on Reverse Side)

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Brook

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, above space should be left blank.