

Nov 16 1940  
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **825**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Thomas Reed Jr.

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Child  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 3rd, 1940.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 2 hr. 0 min.

9. Birthplace Saint Louis, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Thomas Reed.  
13. Birthplace Saint Louis, Missouri.  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Bond.  
15. Birthplace Unknown Illinois.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Thomas Reed  
(b) Address 711 Emmenegger Ave.

17. (a) Burial (b) Date thereof Oct. 4, 1940.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Gegenhein Bros.  
(b) Address 2623 Cherokee Street.

19. (a) OCT 4 1940 (b) J. J. Brebeck  
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St Louis  
(c) City or town St Louis, NR  
(If outside city or town limits, write "RURAL")  
(d) Street No. 711 Emmenegger Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Oct. day 3rd  
year 1940 hour 4 minute 15 M.

21. I hereby certify that I attended the deceased from 10/3, 1940 to 10/3, 1940  
that I last saw him alive on 10/3, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth Duration 2.6 wks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
(c) Means of injury \_\_\_\_\_

23. Signature George A. Osulborn (M. D. or other) MD  
Address 421 W. Schermer Date signed 10/3/40

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.

DO NOT CONFUSING 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 W E Morris  
Licensed Embalmer No. 3360  
P. O. Address 2623 Cherokee

**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.

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