No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 248

FILED FEB 25 1941

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 248

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

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: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 96

(c) City or town Sullivan NR4
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Jack Alvin Reed

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Thelma

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased April (Month) 1 (Day) 1897 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	9	6	____ hr. ____ min.

9. Birthplace Ranger (City, town, or county) / Texas (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business ____

FATHER
12. Name Jack Reed
13. Birthplace / Texas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Bruce
15. Birthplace / Texas (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thelma Reed
(b) Address Sullivan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/40 (Month) (Day) (Year)
(c) Place: burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave. 144

19. (a) JAN 10 1941 (Date received local registrar) (b) J. Budeth (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan day 7 year 1941 hour 6 minute a. M.

21. I hereby certify that I attended the deceased from Jan 2, 1941, to Jan 7, 1941 that I last saw him alive on Jan 6, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Failure	
Due to Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy Marked Hypertrophy of Myocardium	

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? ____ (Specify type of place)
While at work ____ Means of injury ____

23. Signature Edwin F. Vitt (M. D. or other)
Address 7622 Taylor Date signed ____

(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 J. S. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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

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