

FEB 25 1941

Registration District No. _____ Primary Registration District No. _____

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:
Alcazar Hotel 3127 Locust St
(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 Walter J. Reed
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 Married
6. (b) Name of husband or wife Hedwig Reed 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased May 3 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Restaurant Proprietor

11. Industry or business Own Business

MOTHER FATHER { 12. Name Louis Reed
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Pacific Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hedwig Reed
(b) Address 2842 Olive Street

17. (a) Burial (b) Date thereof Feb 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland, Illinois

18. (a) Signature of funeral director Wm J. Robert L. & V. L.
(b) Address 1905 So Grand Blvd

19. (a) JAN 31 1941 (b) J. W. Zedek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 217
(If outside city or town limits, write "RURAL")
(d) Street No. 3127 Locust Street 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 29
year 1941 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Nov 15 1939 to Jan 19 29
that I last saw him alive on Jan 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death De generative heart disease
Due to coronary disease 6 years

Due to _____
Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings: 93c
Of operations _____
Of autopsy _____

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) (e) Means of injury _____

23. Signature J. R. Finnegan (M. D. or other) M.D.
Address 539 N Grand Date signed Jan 21 1941

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

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

Rev. 5-17-39 I X1911

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.

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.....

John Netter

Licensed Embalmer No. 3880

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.