

S. No. 2  
4-13-40  
5-17-39  
P.1 X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8761**  
Registrar's No. **2171**

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

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 \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Andrew Thomas Reed**

3. (b) If veteran, name war **Unknown**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Susan**

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

7. Birth date of deceased **March 3 1868**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>73</b>	<b>0</b>	<b>3</b>	hr. _____ min.

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

10. Usual occupation **Retired Grocer**

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

MOTHER FATHER {

12. Name **David Reed**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. James D. Behnke**

(b) Address **525 Hamilton**

17. (a) **Burial** (b) Date thereof **3/8/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rolla, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **MAR 8 1941** (b) **J. J. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Phelps** **81**

(c) City or town **Rolla**  
(If outside city or town limits, write "RURAL.") **N. 10**

(d) Street No. \_\_\_\_\_  
(If rural, give location) **2**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **6**  
year **1941** hour **4** minute **00** P. M.

21. I hereby certify that I attended the deceased from **3/1-41**, 19\_\_\_\_, to **3/6-41**, 19\_\_\_\_;  
that I last saw him **alive** on **3/6-41**, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death: **End arteriosclerosis Mesenteric  
artery - Left - Popliteal**

Due to **Arterio Sclerosis General**

Due to **Age**

Other conditions **Gaugum of foot**  
(Include pregnancy within 3 months of death)

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

Of autopsy **97**

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 **R. K. Anderson** (M. D. or other) **D**

Address **4932 Montgomery** Date signed **3/8-41**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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**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.....

*Shepherd H. Burnley*

Licensed Embalmer No. 4202

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, fact should be so stated above.**