No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32631

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 1913

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: ROBERT KOCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 339 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County — 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3009 DICKSON ST. 79
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME MABEL REED

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE /

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced / MARRIED

6. (b) Name of husband ~~or wife~~ ALLEN REED

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

7. Birth date of deceased 11 (Month) - 17 (Day) - 17 (Year)

8. AGE:

Years	Months	Days	If less than one day
23	9	24	hr. min.

9. Birthplace UNION (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

FATHER
12. Name TOBY DRAYTON
13. Birthplace CROCKRELL (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name LYDIA STEIRMEYER
15. Birthplace VIGUS (City, town, or county) MO (State or foreign country)

16. (a) Informant PATIENT

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Union, Mo

18. (a) Signature of funeral director English Vnd. Co

(b) Address 2931 Lucas ave

19. (a) SEP 15 1941 (Date received local registrar) (b) C. H. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1941 hour 4 minute — P M.

21. I hereby certify that I attended the deceased from Oct. 2, 1940 to Sept 11, 1941; that I last saw her alive on Sept 11, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	27 mos
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] S. Rinecudert (M. D. or other)

Address Koch Mo Date signed 9/12/41

(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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, A

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.