

MFC 22 1941 791  
Registration District No.

Primary Registration District No. **1003**

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:  
2916 Barrett 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jefferson  
(c) City or town Marlow  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7 #  
year 1941 hour 11 minute 4 M.  
21. I hereby certify that I attended the deceased from Nov 4 - 7  
1941, to Nov 7 - 1941.  
that I last saw him alive on Nov 7  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Hypertension 4 yrs  
Due to \_\_\_\_\_  
Due to Arteriosclerosis 6 yrs

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.

3. (a) PRINT FULL NAME Ida M. Reed  
3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased July 11 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 3 26 hr. min.

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

10. Usual occupation Housewife

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

12. Name John Taylor

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline McClernan

15. Birthplace Columbus Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Reed

(b) Address 4352 N. Wharf St.

17. (a) Burial (b) Date thereof 11-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marlow, Ill.

18. (a) Signature of funeral director Fred M. Williams

(b) Address 4535 Washington Ave.

19. (a) APR 2 1941 (b) J. J. Budeck  
(Date received local registrar) (Registrar's signature)

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) Means of injury \_\_\_\_\_  
23. Signature J. J. Budeck (M. D. or other) \_\_\_\_\_  
Address 4119 W. Adams St. Date signed 11/7/41

WRITE PLAINLY—USE UNFADING 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 *Walter H. Burnley*  
Licensed Embalmer No. *42020*  
P. O. Address *St Louis Mo*

**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.**