

JUL 31 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6690

199
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
3959 1/2 Easton 1
(If not in hospital or institution, write street name or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 25 4 10
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9 11

(d) Street No. 3959 1/2 Easton
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Marnie Reed

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 23, year 1943, hour 1:00 minute class

4. Sex Female

5. Color of race White

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

6. (b) Name of husband or wife Lawrence

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Sept 19 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>10</u>	<u>4</u>	hr. _____ min.

Immediate cause of death Cardiac Hypertrophy
Chronic Subacute Nephritis

9. Birthplace Loneok ark 1
(City, town, or county) (State or foreign country)

Due to _____

Due to 15/0

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation House wife

11. Industry or business _____

12. Name Al Dix

13. Birthplace ky 1
(City, town, or county) (State or foreign country)

14. Maiden name Rate

15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Lawrence Reed

(b) Address 3959 1/2 Easton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26 - 43
(Month) (Day) (Year)

(c) Place: burial or cremation Freedom Cemetery

18. (a) Signature of funeral director Sue Muller

(b) Address 5041 Delmar

19. (a) JUL 24 1943 (Date received local registrar) J. F. Brudeck (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) (c) Means of injury _____

23. Signature Alfred Kerry (M. D. or other) 3

Address Regency Center Date signed 7/23/43

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.....

William Herons

Licensed Embalmer No.....

4319

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.