No. 2
-1-4-41
5-17-39
FILED
X28380

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33458

Registration District No. OCT 19 1943 318

Primary Registration District No. 1003

Registrar's No. 8780

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

1. PLACE OF DEATH:
(a) County: Missouri
(b) City or town: St Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1814a No. Sarah St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 13 yrs.

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") 911
(d) Street No.: 1814a No. Sarah St. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Vigie Clay Reed
3. (b) If veteran, name war: ..... 3. (c) Social Security No.: .....
4. Sex: F
5. Color or race: Col 3
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Jessie Reed
6. (c) Age of husband or wife if alive: Unkn. years
7. Birth date of deceased: July (Month) 20 (Day) 1907 (Year)

8. AGE: Years	Months	Days	If less than one day
36	2	9	..... hr. ..... min.

9. Birthplace: Adberdeen (City, town, or county) Miss. (State or foreign country)
10. Usual occupation: Housework
11. Industry or business: .....
FATHER 12. Name: Virgial Clay
13. Birthplace: Adberdeen (City, town, or county) Miss. (State or foreign country)
MOTHER 14. Maiden name: Mary Gathing
15. Birthplace: Adberdeen (City, town, or county) Miss. (State or foreign country)
16. (a) Informant: Mildred Foster
(b) Address: 1814a No. Sarah St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct - 6 - 43 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park Cem
18. (a) Signature of funeral director: Ellis Funeral Home
(b) Address: 2820 Stoddard St.
19. (a) OCT 4 1943 (Date received local registrar) (b) J. E. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept - day 29 year 43 hour 10 minute 40 A.M.
21. I hereby certify that I attended the deceased from Sept. 1 - 1943 to Sept. 12-9 1943 that I last saw her alive on Sept 1 - 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Heart Failure	Duration
Due to: Bronchial Asthma	
Due to: 112	
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: W. A. Young (M. D. or other)
Address: 3316 Lemarpex Date signed: .....

847

(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 L Boy

....., Registered Apprentice No. M

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.