DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 885

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 200

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution ~~[illegible]~~ 3045 Lambdin (If not in hospital or institution, write street number or location)

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

In this community 40 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 10

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

(d) Street No. 3045 Lambdin (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME John Braxton Reid

3. (b) If veteran, name war

3. (c) Social Security No 493-051447

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Leona Reid

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Dec (Month) 20 (Day) 1875 (Year)

8. AGE: Years 69 Months 0 Days 15 If less than one day hr. min.

9. Birthplace Tuscallos Ala (City, town, or county) 0 (State or foreign country)

10. Usual occupation Porter

11. Industry or business Labor

FATHER
12. Name John Reid
13. Birthplace Ala (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs Leona Reid

(b) Address 3045 Lambdin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Herman J Smith

(b) Address 4247 M Labadie

19. (a) JAN 8 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 5 year 44 hour 6 minute a M.

21. I hereby certify that I attended the deceased from 1 5 44, 19, to 1 5 44, 19; that I last saw h — alive on 1 3 44, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occulsion	1 da
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 [illegible] (M. D. or other)

Address 1878 Madison Date signed 1/6/43

(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 William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2514

P. O. Address .....

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

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