

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 25 1944
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32728
State File No.

Registration District No. Primary Registration District No. 1003 Registrar's No. 8879

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community ?
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4320 1/2 Warne Ave.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Joseph Reed
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ellen W. Reed
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May 23, 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 18th
year 1944 hour 10:15 minute P. M.
21. I hereby certify that I attended the deceased from 10/11/44
19... to Oct. 18th 19 44
that I last saw him alive on Oct. 18th 19 44
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
67 4 25 hr. min.

Immediate cause of death
Thrombosis of cerebral vessels.
Duration
61

9. Birthplace Chester, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Policeman

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

11. Industry or business
12. Name John Henry Reed
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth (Unknown)
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Joseph H. Reed
(b) Address 4320 1/2 Warne Ave.

Major findings:
Of operations
Of autopsy Refused
PHYSICIAN
Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof Oct 21, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery
18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.
19. (a) OCT 19 1944 (b) J. F. Brudick
(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) (e) Manner of injury
23. Signature: Joseph H. Reed (Other)
Address 1515 Lafayette Date signed 10/18/44

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 John A. Mlinar

Licensed Embalmer No. 4186

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.