

FILED MAR 23 1945 318

1003

Registration District No. _____ Primary Registration District No. _____

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:
Jefferson Hotel - 415 N. 12th 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 _____ 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17 95
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Jefferson Hotel - 415 N. 12th St.
(If rural, give location)
(e) Citizen of foreign country? () (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

FREDERICK ALFRED REID

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, Widowed
6. (b) Name of husband or wife Florence Reid 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased 8 8 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 7 5 hr. min.

9. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Broker

11. Industry or business

12. Name Oscar Reid Virginia
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Louisa Brotherton
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. W. Currie
(b) Address Forest Park Hotel

17. (a) Burial (b) Date thereof 3-15-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Alexander T. Sosa
(b) Address 6175 Delmar Boulevard

19. (a) MAR 13 1945 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 13TH
year 1945 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from Nov 28 1944 to March 12 1945; that I last saw him alive on March 12 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic

Due to _____
Due to _____

Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)
Sclerosis

Major findings: Of operations _____
Of autopsy _____

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) (d) Means of injury _____

23. Signature J. F. Buddeck M. D. or other Reg.
Address 812 Olive Street, St. Louis Date signed 3/13/45

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

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17
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MOTHER FATHER

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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

jos. E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address *6175 P. L. Ma*

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.