

S. No. 2  
DM-8-43  
v. 5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10531  
Registrar's No. 233

FILED MAR 26 1945  
306  
Registration District No.

Primary Registration District No. 6048

1. PLACE OF DEATH:  
(a) County St. Charles  
(b) City or town Cottleville Mo.  
(c) Name of hospital or institution: -----  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Charles  
(c) City or town: Cottleville  
(d) Street No.....  
(e) Citizen of foreign country? (Yes or No) (No)  
If yes, name country.....

3. (a) PRINT FULL NAME Willie Reed  
3. (b) If veteran, name war.....  
3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month March day 6  
year 1945 hour 1.30 minute p M.  
21. I hereby certify that I attended the deceased from.....  
that I last saw h..... alive on.....  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race N  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Nov. 4 1887  
(Month) (Day) (Year)

Duration  
Immediate cause of death.....  
Double pneumonia

8. AGE: Years Months Days If less than one day  
67 4 2 hr. min.

Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death).....  
Major findings: Of operations.....  
Of autopsy Yes

9. Birthplace Cottleville Mo.  
10. Usual occupation Laborer  
11. Industry or business.....

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?

MOTHER FATHER {  
12. Name Taylor Reed  
13. Birthplace St. Charles Mo.  
14. Maiden name Dyer  
15. Birthplace Troy Mo.

16. (a) Informant Sam Reed  
(b) Address St. Louis Mo.  
17. (a) Burial (b) Date thereof 3/11/45  
(c) Place: burial or cremation St. Louis Mo.  
18. (a) Signature of funeral director R.M.C. Green & Son  
(b) Address 3517 Laclede St. Louis Mo.  
19. (a) Mar 8 45 (b) E.A. Keithley  
(Date received local registrar) (Registrar's signature)

23. Signature Manis M... 3/8/45  
Address ----- Date signed 3/8/45

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 3-24-95

APR 6 1995

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 \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

*W. L. Green*

Licensed Embalmer No. 1173

P. O. Address 3517 Soledad Ave

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.