

S. No. 2
DM-2-43
v. 5-17-39
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22458

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58877
Registrar's No.

FILED JUL 20 1945
Registration District No. 318

Primary Registration District No. 1003

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

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:
4144 Peck Ave. /
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Alexander Reid

3. (b) If veteran, name war Nil

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 Elizabeth Reid

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased December 14 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 6 20 hr. min.

9. Birthplace Unknown Scotland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Alexander Reid

13. Birthplace Unknown Scotland 11
(City, town, or county) (State or foreign country)

14. Maiden name Mary Rushmore

15. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Leon Reid

(b) Address 670 E. Big Bend Rd.

17. (a) Burial (b) Date thereof 7-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eolia, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington

19. (a) Jul 6 1945 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1710
(If outside city or town limits, write "RURAL")

(d) Street No. 4144 Peck Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1945 hour 5:15 minute A. M.

21. I hereby certify that I attended the deceased from 9-14 to 7-4 1945
that I last saw him alive on 7-6-45 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Hyperuricemia

Due to _____

Due to _____

Duration
5 yrs
5 yrs

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? _____

23. Signature J. B. Sunderman (Specify type of place) _____ (M. D. or other)
Address 4913 Nat'l Dodge Date signed 7-5-45

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.....

W. W. Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

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.