. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 29 1946

State File No. 14266

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 925

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether
In this community 20 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Valley Park 16
(If outside city or town limits, write "RURAL")

(d) Street No. 605 Benton 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLARD REED

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Nancy Jane Copeland

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased 7 (Month) 30 (Day) 77 (Year)

8. AGE: Years 68 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Glencoe, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Own business

FATHER
12. Name Zachariah Reed 0
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant Nellie Rue (Daughter)
(b) Address 538 Benton St. Valley Park, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cem. Pond, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.

19. (a) 4-26-46 (Date received local registrar) (b) E. D. McGowan MD (Registrar's signature) MSL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1946 hour 4 minute 15 a. M.

21. I hereby certify that I attended the deceased from April 6, 1946, to April 23, 1946; that I last saw him alive on April 23, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Subdural hematoma rt.	12 days
Due to blow on rt. side of head producing skull fracture	17 days
Due to	
Other conditions Arteriosclerotic ht. disease (Include pregnancy within 3 months of death) c̄ auricular fibrillation	

175 9

Major findings:
Of operations Right subdural hematoma 4/19/46
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) Accident 96

(b) Date of occurrence 4/6/46

(c) Where did injury occur? Valley Park (City or town) St. Louis (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Patient's own farm. (Specify type of place)

While at work? Yes (e) Means of injury struck on head by timber

23. Signature Joseph D. Judy (M. D. or other) MD

Address St. Louis County Hosp. Date signed 4/23/46

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Theo Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.