

No. 2  
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5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 7 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**35528**

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

**318**

Primary Registration District No. \_\_\_\_\_

**1003**

Registrar's No. **9132**

1. PLACE OF DEATH **St. Louis, Mo**

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
**Homer G Phillips Hospital 0**  
(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 **John Reed**

3. (b) If veteran, **No** name war \_\_\_\_\_

3. (c) Social Security No. **No**

4. Sex **Male 2** 5. Color or race **Col**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **No**

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

7. Birth date of deceased **April 16 1929**  
(Month) (Day) (Year)

8. AGE: Years **17** Months **6** Days **4** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Oxford Miss**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Null**

11. Industry or business \_\_\_\_\_

12. Name **Hanson Reed**

13. Birthplace **Miss**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mable Campbell**

15. Birthplace **Miss**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mable Reed**

(b) Address **Bridgeton, Mo**

17. (a) **Burial** (b) Date thereof **Oct 26, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington, Park**

18. (e) Signature of funeral director **Herman J. Smith**

(b) Address **4247 S. Labadie**

19. (a) **OCT 25 1946** (Date received local registrar)

**J. F. Brebeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **76**

(c) City or town **Bridgeton,**  
(If outside city or town limits, write "RURAL") **NPS**

(d) Street No. **Not known**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) /  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Oct.** day **20**  
year **1946** hour **1** minute **38 A.M.**

21. I hereby certify that I attended the deceased from **Oct. 1** 19 **46** to **Oct. 20** 19 **46**,  
that I last saw him alive on **Oct. 20** 19 **46**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **LOBAR PNEUMONIA** Duration **Undet.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **No**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **0**

23. Signature **H. J. Erwin** (M. D. or other)  
Address **2601 M Whittier** Date signed **10/22/46**

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

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 *Lawrence E. Watson*  
Licensed Embalmer No. *4341*  
P. O. Address *St Louis 13 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.**