

S. No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39003**

FILED DEC 9 1946

Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **10287**

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution: St Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hrs (Specify whether years, months or days)
In this community 7 hrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St Clair
(c) City or town Brooklyn
(If outside city or town limits, write "RURAL")
(d) Street No. 707 Adams St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

DAISY REED

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 29 years (Month) (Day) (Year)
7. Birth date of deceased Dec 19 1889

8. AGE: Years Months Days If less than one day
56 11 10 hr. min.

9. Birthplace Red Lick, Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name Ras. Games

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

14. Maiden name Reulah Johnson

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

16. (a) Informant Gil Corley
(b) Address 707 Adams St Brooklyn Ill

17. (a) Removal (b) Date thereof Dec 2, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St Louis Ill

18. (a) Signature of funeral director J. Marshall

(b) Address 2205 No. Ave East St Louis Ill

19. (a) DEC 2 1946 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1946 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 15
21, 1946, to Nov 29, 1946;
that I last saw her alive on Nov 29, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy & Cora

Due to Hypertension

Due to 83

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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

23. Signature J. F. Winters (M. D. or other) MD

Address 930 N 2nd St Date signed 12/1/46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Ben. N. Baldwin

Licensed Embalmer No. 2420

P. O. Address East St Louis Ill

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.