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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3017

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 306

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
SAINT LUKES HOSPITAL: 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 DAYS (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI: (b) County ST. LOUIS: 96

(c) City or town UNIVERSITY CITY: 23
(If outside city or town limits, write "RURAL")

(d) Street No. 8030 DELMAR BLVD: 5
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME JOHN PRICE REED

3. (b) If veteran, name war NO

3. (c) Social Security No. 488-01-0355

4. Sex MALE C

5. Color or race WHITE

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

6. (b) Name of husband or wife GERTRUDE KEYS REED

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased JUNE (Month) 6 (Day) 1887 (Year)

8. AGE: Years 59 | Months 7 | Days 4 | If less than one day hr. min.

9. Birthplace NASHVILLE (City, town, or county) TENN. (State or foreign country) 1

10. Usual occupation CREDIT MANAGER

11. Industry or business BROWN SHOE COMPANY

FATHER
12. Name ERSKINE REED 9
13. Birthplace (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name PRICE
15. Birthplace (City, town, or county) (State or foreign country) 9 1

16. (a) Informant JOHN PRICE REED JR.
(b) Address # 8030 DELMAR BLVD.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 13 1947. (Month) (Day) (Year)
(c) Place: burial or cremation BELLEFONTAINE CEMETERY

18. (a) Signature of funeral director C. R. LUPTON & SONS
(b) Address 7233 DELMAR BLVD.

19. (a) JAN 10 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10 year 1947 hour 10:45 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 17, 1946, to Jan 10, 1947, that I last saw him alive on Jan 10, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute coronary occlusion	24 days
Due to: Coronary sclerosis	6 yrs.
Due to:	
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Anthony D. Ray (M. D. or other)
Address 3720 Washington Date signed 1-10-47

(Licensed Embalmer's Statement on Reverse Side)

3720 Washington
NE 0870
2-4 P.M.

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.