

FILED FEB 13 1948  
Registration District No. 318

Primary Registration District No. 100

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:  
3110a N. 13th. St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community \_\_\_\_\_ 32 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3110a N. 13th. St  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Mrs. Frances Reid  
 3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color of race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Red Reid 6. (c) Age of husband or wife if alive 45 years  
 7. Birth date of deceased September 22nd, 1915  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>32</u> | <u>4</u> | <u>0</u> | hr. min.             |

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Charles Edmonds

12. Name Charles Edmonds

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

14. Maiden name Emma Holt

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

16. (a) Informant Fred Reid

(b) Address 3110a N. 13th. St.

17. (a) Burial (b) Date thereof 1-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JAN 26 1948 (b) J. F. Bradeau  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd  
 year 1948 hour \_\_\_\_\_ minute 6 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death ischemic thrombosis  
Arteriosclerosis of her home 3110 N. 13th St  
on Jan 22 - 1948 - sleep  
Arteriosclerosis

Due to \_\_\_\_\_  
 Other conditions Arteriosclerosis  
(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) Arteriosclerosis  
 (b) Date of occurrence Jan 22 1948  
 (c) Where did injury occur? at home  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_  
 Means of injury Arteriosclerosis

23. Signature Robert E. Jupp (Dr. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed 1/26/48

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

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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 *John P. Buchholz*  
Licensed Embalmer No. *1674*  
P. O. Address *2223 St. Louis Ave*

**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.**