

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmiry Hos
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 9/16/47 to 4/22/48
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Maudie Reed

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May, 7, 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Zigal Grant

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

14. Maiden name _____

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

16. (a) Informant City Infirmiry Records

(b) Address 5800 Arsenal St.

17. (a) Anatomical Board (b) Date thereof Apr 20 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or removal Anatomical Board

18. (a) Signature of funeral director Rowland Mortuary Service

(b) Address 4104 Manchester Ave.

19. (a) _____ (b) J. F. Braddock
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 22
year 1948 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from 4/9
19 48 to 4/22 19 48
that I last saw her alive on 4/22 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration _____
Hypertensive heart disease
Due to Hypertension
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? _____

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature Warren C. Lewis (M. D. or other) _____
Address 5602 Arsenal Date signed 4-23-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.