

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

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FILED JAN 18 1948 318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42701

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

11406

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

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

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County ST. LOUIS.

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

(c) Name of hospital or institution:  
913 Near Battle Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 Years  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County San

(c) City or town ST. LOUIS.  
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. 913 Near Battle St  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

U.S.A.  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME James. Reed.

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race COOL 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years Approx 55 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown Coal Husker  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

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

MOTHER FATHER { 12. Name Unknown \_\_\_\_\_

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

14. Maiden name Unknown Unknown

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

16. (a) Informant Richard Hamilton

(b) Address 4016, Rear, Papian Street

17. (a) Burial (b) Date thereof 12/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale Cemetery

18. (a) Signature of funeral director John A. Houston

(b) Address 2829, Washington, Blvd

19. (a) DEC 31 1948 (b) J. B. Basala  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27<sup>th</sup>  
year 1948 hour 6:45 minute A.M.

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

Immediate cause of death Acute Hemorrhagic Pancreatitis

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

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

Other conditions 128  
(Include pregnancy within 3 months of death)

Major findings: 587.0  
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) Means of injury \_\_\_\_\_

23. Signature Patrick Taylor (M. D. or other) \_\_\_\_\_

Address 1300 Clark Date signed 12-31-48

**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.**