

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32589**

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

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6096** Registrar's No. **2127**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 5 days		d. STREET ADDRESS (If rural, give location) 4450 Cote Brillante	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vet. Adm. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) John W. b. (Middle) _____ c. (Last) REED			4. DATE OF DEATH (Month) (Day) (Year) September 9, 1949		
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 9, 1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days
10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY 498873192	11. BIRTHPLACE (State or foreign country) Natchez, Mississippi		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John W. Reed	13b. MOTHER'S MAIDEN NAME Esther Holmes	14. NAME OF HUSBAND OR WIFE Mildred L.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World-War I	16. SOCIAL SECURITY NO. 498073192	17. INFORMANT'S SIGNATURE OR NAME Eugene F. Nolan, Registrar	ADDRESS Vet. Adm. Hosp. Jeff. Bks. Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL VASCULAR ACCIDENT		INTERVAL BETWEEN ONSET AND DEATH Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE		
	DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 331	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept. 4, 1949**, to **Sept. 9, 1949**, that I last saw the deceased alive on **Sept. 9, 1949**, and that death occurred at **10:00am.**, from the causes and on the date stated above.

23a. SIGNATURE L.E. Stilwell, M.D. Chf. Prof. Services	Degree or title	23b. ADDRESS Vet. Adm. Hosp. Jeff. Bks. Mo.	23c. DATE SIGNED 9/9/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-14-49	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
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DATE REC'D BY LOCAL REG. 9-13-49	REGISTRAR'S SIGNATURE Herbert R. Donk, Md	25. FUNERAL DIRECTOR'S SIGNATURE Gates Funeral Home, St. Louis, Mo.	ADDRESS
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11-c

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney 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.

FM-41-9