

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 39197
9817

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS MO		c. LENGTH OF STAY (in this place) 65 days		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS						
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital, MO				d. STREET ADDRESS (If rural, give location) 22 2628 th Bernard.						
3. NAME OF DECEASED (Type or Print) MARY		a. (First)		b. (Middle) L		c. (Last) Reed		4. DATE OF DEATH (Month) (Day) (Year) 11 - 12 - 49		
5. SEX F	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 5, 1907		9. AGE (in years last birthday) 42	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 11 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) La.		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Edward Brooks			13b. MOTHER'S MAIDEN NAME Carrie ?			14. NAME OF HUSBAND OR WIFE Willie Reed				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Willie Reed 509 Hannah				ADDRESS Lynchburg Miss	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Invasive of frontal parietal Meningoma 1 1/2 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none - DUE TO (c) Post-op - resection of frontal lobe						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION 10-18		19b. MAJOR FINDINGS OF OPERATION Division of supraorbital fissure at 9 3rd nerve.						19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5H		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 193X						
22. I hereby certify that I attended the deceased from 9-8 1949, to 11-12, 1949, that I last saw the deceased alive on 11-12, 1949, and that death occurred at 2:40 a. m., from the causes and on the date stated above.										
23a. SIGNATURE FR Bradley				(Degree or title) M.D.		23b. ADDRESS Barnes Hospital,		23c. DATE SIGNED 11/21/49		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov 17/49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Ladland Miss				
DATE REC'D BY LOCAL REG. NOV 14 1949		REGISTRAR'S SIGNATURE J. B. Lasater			25. FUNERAL DIRECTOR'S SIGNATURE J. A. Shear 7214 Delmar					

(Licensed Embalmer's Statement on Reverse Side)

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

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 F. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

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.