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10.45

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15201

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1078

1. PLACE OF DEATH a. COUNTY <u>ST Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clayton, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>4090</u> OR TOWN <u>Kinlock</u>	
c. LENGTH OF STAY (in this place) <u>7 WKS</u>		d. STREET ADDRESS (If rural, give location) <u>1038 S. Schröder</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis County Hosp.</u>			
3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>JANE</u> c. (Last) <u>REID</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6-30-76</u>
9. AGE (15 years last birthday) <u>73</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Jackson Tenn.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Hardy Bond</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henrietta Bond</u> ADDRESS <u>Schröder</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC PYELONEPHRITIS</u>			<u>2 YRS.</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA OF VAGINA, ADVANCED</u>			
DUE TO (c) <u>ANEMIA</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>196X</u>
19a. DATE OF OPERATION <u>3-14-50</u>	19b. MAJOR FINDINGS OF OPERATION (<u>BIOPT. OF VAGINA</u>) <u>CARCINOMA (SQUAMOUS CELL) OF VAGINA.</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3-9</u> , 1950, to <u>4-23</u> , 1950, that I last saw the deceased alive on <u>4-23</u> , 1950, and that death occurred at <u>3:50 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. D. D.</u> (Degree or title)		23b. ADDRESS <u>601 S. Brentwood Clayton, MO</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>SHIPPED</u>	24b. DATE <u>4-28-50</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Jackson Tenn.</u>
DATE REC'D BY LOCAL REG. <u>4-26-50</u>	REGISTRAR'S SIGNATURE <u>Herbert W. Double</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bros.</u> ADDRESS <u>So. Kinloch, MO</u>	

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

MAY 27 1950

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 Henry C. Williams

Licensed Embalmer No. 4781

P. O. Address 2749 Hickory St.

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.