

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31869

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. **7803**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis 2189</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>619 1/2 So Ewing</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Katie</b>	b. (Middle)	c. (Last) <b>Reed</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9 12 '50</b>
--	-------------	-----------------------	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 5, 1885</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	Min.
----------------------	-----------------------------	--	--	---	---------------------------	--------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Ky</b>	12. CITIZEN OF WHAT COUNTRY?
--	-----------------------------------	--	------------------------------

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Nettie Steinhil</b>	14. NAME OF HUSBAND OR WIFE <b>Charlie Reed</b>
--------------------------------------	---	--

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 <b>Charlie Reed</b>	ADDRESS <b>619 1/2 So Ewing</b>
--	-------------------------	--	------------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchiogenic Carcinoma with metastases</b>		
	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (b) <b>Undetermined</b>		
	DUE TO (c) <b>Undetermined</b>		
	II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		
	<b>None</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
--	--	---

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? <b>162X</b>
--	--	---

22. I hereby certify that I attended the deceased from **8-3-50**, 19**50**, to **9-12-50**, 19**50**, that I last saw the deceased alive on **9-12-50**, 19**50**, and that death occurred at **6:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Alvin Thompson M. D.</b>	23b. ADDRESS <b>2601 N. Whittier</b>	23c. DATE SIGNED <b>9-13-50</b>
---	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sep 18, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis MO</b>
--	----------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>SEP 15 1950</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. G. Green</b>	ADDRESS <b>4214 De Lormay</b>
--	---	--	----------------------------------

(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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*J. A. Green*

Signed.....  
Student Embalmer

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.