

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 1003

State File No. 28643

318

Registrar's No. 7410

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 7410	
1. PLACE OF DEATH a. COUNTY <b>ST. Louis, Mo.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>1012</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>25 TOWN St. Louis, Mo.</b> d. STREET ADDRESS <b>1012 N 14th Str.</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>OR TOWN</b>		c. LENGTH OF STAY (in this place) <b>47 YRS.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>OR TOWN</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b>		b. (Middle)		c. (Last) <b>Reed</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 17 '51</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>1/6/81</b>	
9. AGE (In years less birthday) <b>70 YRS</b>		10. MONTHS <b>7</b>		11. IF UNDER 1 YEAR Days <b>11</b>		12. IF UNDER 24 HRS. Hours <b>11</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ICE PULLER</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (State or foreign country) <b>Richmond Va.</b>	
13a. FATHER'S NAME <b>MOSE REED</b>		13b. MOTHER'S MAIDEN NAME <b>Maryonn Gross</b>		14. NAME OF HUSBAND OR WIFE <b>Widowed</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-18-0805</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hattie Northcutt 1012 N 14th</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-vascular Disease</b> <b>INTERVAL BETWEEN ONSET AND DEATH Unknown</b>							
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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>H/2X</b>			
22. I hereby certify that I attended the deceased from <b>8-9-51</b> , 19___, to <b>8-17-51</b> , 19___, that I last saw the deceased alive on <b>8-17-51</b> , 19___, and that death occurred at <b>4:45 A.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Lorenz W. Harris</b> (Degree or title)				23b. ADDRESS <b>2601 N. Whittier</b>		23c. DATE SIGNED <b>8-20-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>8/21/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b>	
DATE REC'D BY LOCAL <b>AUG 20 1951</b>		REGISTRAR'S SIGNATURE <b>Earl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Houston Fun Home 2812 Thomas</b>			

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 \_\_\_\_\_

Licensed Embalmer No. 4243

P. O. Address 130 Eldredge  
Waltham, Mass 02154

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.