

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

18436

State File No.

4452

Registrar's No.

FILED JUN 6 1952

BIRTH NO. 39769

REG. DIST. NO. 818

PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Clair</i>	
b. CITY OR TOWN <i>St. Louis Mo</i>		c. CITY OR TOWN <i>St. Louis</i> <i>8120</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Mary's Infirmary</i>		d. STREET ADDRESS (If rural, give location) <i>614 1/2 Brady. 8'</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Reed</i> b. (Middle) <i>Reed</i> c. (Last) <i>Reed</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>5-3-52</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>1</i>	8. DATE OF BIRTH <i>5-3-52</i>
9. AGE (In years last birthday) <i>2</i> IF UNDER 1 YEAR Months <i>10</i> IF UNDER 12 HOURS <i>2</i> IF UNDER 24 HOURS <i>10</i>		11. BIRTHPLACE (State or foreign country) <i>Mo</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <i>Robert Reed</i>		13b. MOTHER'S MAIDEN NAME <i>Lucy Tweed</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Leap Reed 614 1/2 Brady</i>	
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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Primaturity</i>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>776X</i>		22. I hereby certify that I attended the deceased from <i>19</i> , to <i>19</i> , that I last saw the deceased alive on <i>19</i> , and that death occurred at <i>8A</i> m., from the causes and on the date stated above.	
23a. SIGNATURE <i>Carl H. Hancock MD</i> (Degree or title)		23b. ADDRESS <i>360A So 15th East</i>	
23c. DATE SIGNED <i>5/3/52</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>1a</i>	
24b. DATE <i>5-31-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Carl Hancock</i> ADDRESS <i>4104 Manchester</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>MAY 13 1952</i> <i>J. Carl Smith MD</i>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

**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.....

P. O. Address.....

**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.