V.S. No. 300
Rev. 10-48

FILED JUL 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22533

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5914

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri.
c. LENGTH OF STAY (in this place) 30 years.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Res: 5801 Enright Ave.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri. b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, 2059

d. STREET ADDRESS (If rural, give location) 5801 Enright Avenue. 0

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) MORREY c. (Last) REED.

4. DATE OF DEATH (Month) (Day) (Year) June 23, 1952.

5. SEX Female.

6. COLOR OR RACE White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed..

8. DATE OF BIRTH June 30, 1865.

9. AGE (In years last birthday) 86. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home...

10b. KIND OF BUSINESS OR INDUSTRY Hosewife..

11. BIRTHPLACE (City and State or Foreign Country) Cambridge City, Indiana.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Morrey..

13b. MOTHER'S MAIDEN NAME Elizabeth Cox..

14. NAME OF HUSBAND OR WIFE Wm Hy Reed.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO. None.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glenn R. Reed, 5801 Enright Ave.,

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Several yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease — Several yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 334X

22. *I hereby certify that I attended the deceased from* 9-11, 1949 *to* _____, 19__, *that I last saw the deceased alive on* 6-22, 1952, *and that death occurred at* 1:40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Ross Kosney MD. 0

23b. ADDRESS 3720 Washington

23c. DATE SIGNED 6/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial..0

24b. DATE 6/25/52.

24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery..

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.

DATE REC'D BY LOCAL REG. JUN 25 1952

REGISTRAR'S SIGNATURE J Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, 7233 Delmar Blv'd.

(Licensed Embalmer's Statement on Reverse Side)

3720 Washington..

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.