

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6442

State File No. 1196  
Registrar's No. 2269

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

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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 Missouri b. COUNTY	
b. CITY OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital		STREET ADDRESS (If rural, give location) 26 3612 No. 14th St.	
3. NAME OF DECEASED (Type or Print) Pallia		4. DATE OF DEATH (Month) (Day) (Year) Feb. 8, 1955	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Feb. 11, 1883	
9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home.	
11. BIRTHPLACE (City and State or Foreign Country) Alabama		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Isaac Snow		13b. MOTHER'S MAIDEN NAME Sarah E. Doss	
14. NAME OF HUSBAND OR WIFE George Reed		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	
16. SOCIAL SECURITY NO. Nil.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Sidney Reed 3612 No. 14th St.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 443X.		22. I hereby certify that I attended the deceased from Aug. 1954, to Feb 8, 1955, that I last saw the deceased alive on Feb 6, 1955, and that death occurred at 8:00 AM, from the causes and on the date stated above.	
23a. SIGNATURE Clyde B. Kane M.D.		23b. ADDRESS 706 Walton St. Louis, Mo.	
23c. DATE SIGNED 2-8-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 2-8-55		24c. NAME OF CEMETERY OR CREMATORY Local	
24d. LOCATION (City, town, or county) Savannah, Tenn.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Albert H. Hoppe 4700 Washington.	
DATE REC'D BY LOCAL REG. FEB 8 1955		REGISTRAR'S SIGNATURE [Signature]	

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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.....  
Signature of Student Embalmer

Signed *G. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.