

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

24263

FILED AUG 4 - 1955		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5438				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS				c. LENGTH OF STAY (in this place) 4 hrs		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves				
d. FULL NAME OF HOSPITAL OR INSTITUTION INCARNATE WORD Hosp.				d. STREET ADDRESS (If rural, give location) 318 BUESSE LANE						
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)		
DONALD		K		REED		6		21 55		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 6-21-55		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY NIL		11. BIRTHPLACE (State or foreign country) ST. LOUIS MISSOURI		12. CITIZENRY OF WHAT COUNTRY? U.S.A				
13a. FATHER'S NAME FRANK REED			13b. MOTHER'S MAIDEN NAME ALICE M. GILLUM			14. NAME OF HUSBAND OR WIFE NONE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE			17. INFORMANT'S SIGNATURE OR NAME FRANK REED			ADDRESS 318 BUESSE LANE W.G.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PREMATURITY, toxic hepatitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mother's status pre-eclampsia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>Infant lived only few hours</u>		
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 7735						
22. I hereby certify that I attended the deceased from <u>6-21</u> , 195 <u>5</u> , to <u>6-21</u> , 195 <u>5</u> , that I last saw the deceased alive on <u>6-21</u> , 195 <u>5</u> , and that death occurred at <u>5:30</u> p. m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>Maximilian Weitzman M.D.</u>				23b. ADDRESS <u>3530 ARSENAL</u>				23c. DATE SIGNED <u>6-22-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>6-23-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co. Mo</u>				
DATE REC'D BY LOCAL REG. <u>JUN 23 1955</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH, MAPLEWOOD 17-MO</u>					

(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

Not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *H. E. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.