

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24267

FILED AUG 2-1955

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5431

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN East St. Louis 8120	
3. NAME OF DECEASED (Type or Print) a. (First) Carrie b. (Middle) Dell c. (Last) Reid		4. DATE OF DEATH (Month) (Day) (Year) June 18, 1955	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH March 20, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 53
11. BIRTHPLACE (City and State or Foreign Country) Haverdale, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ben Reid		13b. MOTHER'S MAIDEN NAME Margaret Young	
14. NAME OF HUSBAND OR WIFE Tom Reid		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chemical peritonitis		INTERVAL BETWEEN ONSET AND DEATH 3 days
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the Uterus		1 year?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		

19a. DATE OF OPERATION 6-13-55	19b. MAJOR FINDINGS OF OPERATION Carcinomatosis, multiple intestinal obstruction	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 174X

22. I hereby certify that I attended the deceased from 6-1-55, 1955, to 6-18-55, 1955, that I last saw the deceased alive on 6-18-55, 1955, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE O'Leary J. W.D.	(Degree or title)	23b. ADDRESS 607-50 42nd - E. St. Louis	23c. DATE SIGNED 6-21-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 24, 1955	24c. NAME OF CEMETERY OR CREMATORY Bethel	24d. LOCATION (City, town, or county) (State) Ripley, Tennessee
DATE REC'D BY LOCAL REG. JUN 22 1955	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Marion's Office 2114 Missouri East St. Louis, Ill.	

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 Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address 721 N. 26th St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.