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FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35382

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2293

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. CITY OR TOWN Berkley City	
c. LENGTH OF STAY (In this place) 25 hrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital			
e. STREET ADDRESS (If rural, give location) 6329 Garfield			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Joseph c. (Last) Reed			4. DATE OF DEATH (Month) (Day) (Year) Oct. 3, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 2, 1910			9. AGE (In years last birthday) 45		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) Cutter		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory		11. BIRTHPLACE (City and State or Foreign Country) Owensville, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME John Reed Sr.		13b. MOTHER'S MAIDEN NAME Mamie Rapier		14. NAME OF HUSBAND OR WIFE Sarah Jane Reed	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 303-12-8549		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ed Reed, Owensville, Mo.	
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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		INTERVAL BETWEEN ONSET AND DEATH 24 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema - alveolar hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Traumatic Multiple Fractures of long bones Interganglionic & sub Brach. Hem. Small DUE TO (c) Cerebral Concussion - Auto Accident		
11. 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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Open		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 400	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-1-55 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Head on collision	

22. I hereby certify that I attended the deceased from 10-2, 1955, to 10-3, 1955, that I last saw the deceased alive on 10-3, 1955, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John L. Hagadorn MD		23b. ADDRESS 601 S. Brentwood Clayton, Mo		23c. DATE SIGNED 10/3/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-3-55		24c. NAME OF CEMETERY OR CREMATORY Old Catholic Cemetery		24d. LOCATION (City, town, or county) (State) Owensville, Mo.	
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DATE REC'D BY LOCAL REG. 10-4-55		REGISTRAR'S SIGNATURE Herbert R. Domba MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
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3.6 (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~~, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Etienne H. Remeleus*.....

Licensed Embalmer No. *4283*

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.