. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 10935

FILED APR 12 1957 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2470

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1 — Length of stay in 1b 25

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 3920 S. Main st. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Ike Middle: Last: Reed
4. DATE OF DEATH Month: March Day: 8 Year: 1957
5. SEX male
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 3-4-1889
9. AGE (In years last birthday) 68 — 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) laboreer
10b. KIND OF BUSINESS OR INDUSTRY Boiler
11. BIRTHPLACE (City and state or country) unknown
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown
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. none
17. INFORMANT C. A. Howell, Ironton, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Irreversible shock following transfusion reaction.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Blood loss
DUE TO (c) chronic disability
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 610X
INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 2/28/57, to 3/8/57 and last saw her/him alive on 3/8/57
Death occurred at 4:40pm m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) [illegible] M. D.
22b. ADDRESS 1515 Lafayette
22c. DATE SIGNED 3-11-57
23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 3-12-57
23c. NAME OF CEMETERY OR CREMATORY Iron Mountain Ceme.
23d. LOCATION (City, town, or county) (State) Iron Mountain, Mo.
24. FUNERAL DIRECTOR Howell, Ironton, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. MAR 12 '57
26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. MDb.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Homer W. Fentz

Licensed Embalmer No. 38

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.