

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023652

STATE FILE NUMBER

1003

FILED JUL 1 1958

Registration District No. 318 Primary Registration District No.

Registrar's No. 5959

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5156 Cates</b>		Length of stay in lb <b>31 Yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>2/20 5156 Cates</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>F R E D F R E E M A N R E E D</b>			4. DATE OF DEATH Month Day Year <b>6 6 1958</b>		
5. SEX <b>Male 2</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2/27/1891</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days <b>3 3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash R. R.</b>		11. BIRTHPLACE (City and state or country) <b>Monticello, Arkansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Freeman Reed</b>		13b. MOTHER'S MAIDEN NAME <b>Georgia Ann ?????</b>	
14. NAME OF HUSBAND OR WIFE <b>Irene M. Reed</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>			
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Irene M. Reed, 2404 Belle Glade</b>		Address	
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Calcific Aortic Stenosis</b> DUE TO (b) <b>Hemorrhagic Pancreatitis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>587.0</b>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 _____ to _____ and last saw her him alive on _____ Death occurred at <b>847 A</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Patrick J. Taylor</b> (Degree or title) <b>Coroner</b>		22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>6.9.58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>6/12/1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Jefferson Barracks, Misso</b>		(State)			
24. FUNERAL DIRECTOR <b>Charles J. Gates</b>		ADDRESS <b>4107 Finney</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 9 '58</b>	
26. REGISTRAR'S SIGNATURE <b>Paul Smith MD</b> <i>m.B.</i>					

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

14:286  
13772  
5:14

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 *Georgetown Finney* .....

Licensed Embalmer No. 4580 .....

P. O. Address.... 4107 Finney...

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.