WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 22920

Township ..... Primary Registration District No. 1003 Registered No. 6594

City St Louis (No. 6016 Waterman St. ..... Ward)

2. FULL NAME Mary Snyder Reynolds

(a) Residence. No. 6016 Waterman St., 15 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harry J Reynolds

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 16th 1873

7. AGE: Years 54, Months 4, Days 3, If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Charles L Snyder
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Pa
12. MAIDEN NAME OF MOTHER: Catherine Watson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): England

14. INFORMANT: Kathryn Reynolds
(Address) 6016 Waterman a

15. FILED JUL 20 1927 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 19 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov, 1926, to July 18, 1927, that I last saw her alive on July 18, 1927, and that death occurred, on the date stated above, at 4.40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ch. Myocarditis

81A

93C (duration) Several yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Progressive Spinal Muscular Atrophy (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs

(Signed) S. J. Kohler, M. D

7/19, 1927 (Address) 4968 Delmar Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary

DATE OF BURIAL: 7-22 1927

20. UNDERTAKER: Arthur J Donnelly

ADDRESS: 2039 Wash st

Dr E J Kohler
4968a Delmar
Forest 4350