

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

Do not use this space.

13862

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123
 Township Darnestown Primary Registration District No. 6548
 City Mount St. Rose Sanitarium (No. Mount St. Rose Sanitarium) St. _____ Ward _____

2. FULL NAME

Elizabeth Reynolds
 (a) Residence, No. 5054 Rose Ave St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. Reynolds</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 31, 1881</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>2</u>	DAYS <u>13</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
FATHER	13. NAME <u>Matthew Nett</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Wm. Reynolds</u> (ADDRESS) <u>5054 Rose Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Olive</u> DATE <u>4-15</u> 19 <u>32</u>		
19. UNDERTAKER <u>Theighauer Mortuaries</u> (ADDRESS) <u>222 S. Mississippi</u>		
20. FILED <u>9, 14</u> 19 <u>32</u> <u>L. C. Obroy</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-19 1932, to 4-13 1932
 I last saw her alive on 4-13 1932. Death is said to have occurred on the date stated above, at 1A m.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis T.B. Date of onset _____
23 634
95B
 Other contributory causes of importance: ①
Cardiac dilatation

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Charles G. Giers, M. D.
 (Address) 910 1/2 Broadway

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.

MAY 28 1932

