

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

Do not use this space.

24642

1. PLACE OF DEATH

County..... Registration District No. 181
 Township..... Primary Registration District No. 2003
 City St. Louis (No. 1469, 71 Union St. Ward)

File No.
 Registered No. 6782

2. FULL NAME

Rebecca Reynolds
 (a) Residence, No. St. Ward.
 (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 James Reynolds
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22nd 1842
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 10 0
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 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) Ill.
 13. NAME Amos Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 15. MAIDEN NAME Mary Stabler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 17. INFORMANT Mrs. Frank B Higgins (ADDRESS) 1469 71 Union St
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE July 25 1932
 19. UNDERTAKER Arthur J. Hambach, Inc. (ADDRESS) 2039 Ward 9
 20. FILED May C. Parker Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1932
 22. I HEREBY CERTIFY, That I attended deceased from July 20 1932 to July 22 1932
 I last saw him alive on July 21 1932 Death is said to have occurred on the date stated above, at 12 m.
 The principal cause of death and related causes of importance were as follows:

Heat exhaustion Date of onset
82-D
191
 Other contributory causes of importance:
Hemiplegia 3/28

Name of operation 0 Date of
 What test confirmed diagnosis? Was there an autopsy?
 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) W. F. Kenke M. D.
 (Address) 2206 Howard St

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.

10r a F Hawk

2206 Howard St