

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

Do not use this space.

24802

1. PLACE OF DEATH

County..... Registration District No. 30
Township..... Primary Registration District No. 1000
City St Louis (No. 5069, Raymond)
St. Ward)

File No.
Registered No. 6212
St. Ward)

2. FULL NAME

(a) Residence, No. 5069 Raymond Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Joanna Reynolds</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 14, 1867</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>10</u>
	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ret. Mail Carrier</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>U.S. Mail</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Mar 1920</u>	
	11. Total time (years) spent in this occupation <u>45</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis mo</u>		
FATHER	13. NAME <u>William Reynolds</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buckinghamshire Eng.</u>	
	15. MAIDEN NAME <u>Sarah Corris</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ish of Man B. I.</u>	
	17. INFORMANT <u>Geo. C. Reynolds</u> (ADDRESS) <u>5215 Sutherland</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>July 18</u> , 19 <u>33</u>		
19. UNDERTAKER <u>Chapman and Sons</u> (ADDRESS) <u>2175 Delmona Blvd</u>		
20. FILED <u>11 17 43</u> <u>J. J. Bredeck</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1930, to July 16, 1933
I last saw him alive on July 16, 1933 Death is said to have occurred on the date stated above, at 12:45 m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
23A
Date of onset

Other contributory causes of importance:
16
17

Name of operation None Date of
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19.....
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
No

Manner of injury,
Nature of injury,

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify,
(Signed) Enguand R. Waller, M. D.
(Address) Plumtree Bldg. St Louis Mo

WHITE 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.

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