

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.

17937

1. PLACE OF DEATH

County St. Louis Registration District No. **791**
Township St. Louis Primary Registration District No. **1003** File No. **4763**
City St. Louis (No. 15199) (Ward) St. Louis Registered No. **4763**

2. FULL NAME

(a) Residence, No. 15199 Usual place of abode St. Louis Charles Reynolds (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 25 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17-1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 80 10 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
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) New York

13. NAME Peter Reynolds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

15. MAIDEN NAME Anna Ankraw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Salvatory DATE Sept 17 1936

19. UNDERTAKER (ADDRESS) Bensieles - Nishan

20. FILED APR 30 1936 St. Louis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/30/36

22. I HEREBY CERTIFY, That I attended deceased from 17/30, 1936 to 4/30/36, 1936.
I last saw him alive on 4/30/36. Death is said to have occurred on the date stated above, at 6:15 m.

The principal cause of death, and related causes of importance were as follows:

Enlarged Prostate
Cerebral hemorrhage

Other contributory causes of importance: 51°

Name of operation rad. prostatectomy Date of 4/24/36

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1936

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) St. Louis M. D.
(Address) St. Louis

MEMORANDUM FOR THE DIRECTOR, FBI

DATE: 10/15/54

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

[Illegible]