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.

SEP 10 1937

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

29279
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 7912
(c) City St. Louis (d) Street No. St. Anthony's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Archer Reynolds
(a) Residence, No. 3834 Burgen St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 31, 1893

7. AGE: 53 — YEARS: 44 — MONTHS: 6 — DAYS: 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: credit man
9. Industry or business in which work was done, as saw mill, bank, etc.: hardware
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): St. Louis, Mo.

FATHER
13. NAME: James P. Reynolds
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

MOTHER
15. MAIDEN NAME: Mary Catherine Agar,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

17. INFORMANT (ADDRESS): Louise Reynolds 3834 Burgen

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Paul's Chyd. DATE: 8-25-37, 19

19. FUNERAL DIRECTOR (ADDRESS): Southern Funeral Home 6322 S. Grand Blvd.,

20. FILED: AUG 23 1937 — S Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-22-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1937, to Aug 22nd, 1937
I last saw him alive on 8-22, 1937. Death is said to have occurred on the date stated above, at 8p.m.
The principal cause of death and related causes of importance were as follows:

Acute Perforation Appendicitis — Date of onset

Other contributory causes of importance: Chronic Myocarditis

Name of operation: Appendectomy Date of 8-20-37
What test confirmed diagnosis? operation 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? No
If so, specify .....
(Signed) [signature] M. D.
(Address) ~~3834~~ St. Louis

(Licensed Embalmer's Statement on Reverse Side)

Dan Wilfert [illegible]
1-3
Mr. Theatre Bldg.

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No. 2504

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. Frank Ludwig

No. 2504 or by, Registered Apprentice No.

working under my personal supervision.

Signed Frank Ludwig

Licensed Embalmer No. 2504

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)