

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

32498

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. Euclid City Hospital Registered No. 8552  
(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 9 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 4207 A W. Easton St. 11  
(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 Female 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. W. Reynolds  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6 - 1892  
7. AGE YEARS 45 MONTHS 5 DAYS 29 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. House wife  
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) Medeson, Kansas

13. NAME Putnam Hill 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Levermore Hill 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Levermore

17. INFORMANT A. W. Reynolds (ADDRESS) 4207 A W. Easton

18. BURIAL, CREMATION, OR REMOVAL Washington Park DATE Sept 13 1937

19. FUNERAL DIRECTOR C. Young (ADDRESS) xxoo Kentucky

20. FILE SEP 11 1937 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/3 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19.....

I last saw him ..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

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

Hemorrhage due to Gun Shot wound on chest perforating lung and heart at the base of one Florida Allen  
Date of onset  
Other contributory causes of importance:  
4207 A W. Easton  
11007 Clark Ave  
Sept 3 - 1937

Name of operation ..... 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? Homicide Date of injury Sept 3 1937  
Where did injury occur? St. Louis (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury SEE above  
Nature of injury SEE above

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify Joseph M. Quinn (Signed) Deputy Coroner (Address)

STATEMENT BY LICENSED EMBALMER

I, Cliff Yarnum

Licensed Embalmer No. 3371

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

                     L. E.                     

No.                      or by                     , Registered Apprentice No.                     

working under my personal supervision.

Signed Cliff Yarnum

Licensed Embalmer No. 3371

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