

NOV 15 1937

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

Do not use this space.

35828

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*
St. Johns

File No.
Registered No. *9405*
Hospital (Ward)

2. FULL NAME

John Reynolds
(a) Residence, No. *Mark Twain Hotel* (Usual place of abode) Ward *25*

Length of residence in city or town where death occurred *35* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Catherine Steele*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 15 1873*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 ~~*74*~~ *3* *23*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Special Agent*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Railroad*
10. Date deceased last worked at this occupation (month and year) *Oct 1 1937* 11. Total time (years) spent in this occupation *20*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Caseyville* *see*

13. NAME *James Reynolds*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

15. MAIDEN NAME *Winnie (not known)*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

17. INFORMANT (ADDRESS) *Chas. Burke* *see*

18. BURIAL, CREMATION, OR REMOVAL PLACE *East St. Louis Ill* DATE *Oct 8 1937*

19. UNDERTAKER (ADDRESS) *Chas. Burke* *see*

20. FILE *OCT 8 1937* *J. H. Bredeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 8 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 5 1937*, to *Oct 9 1937*
I last saw him alive on *Oct 9 1937* Death is said to have occurred on the date stated above, at *11:10* Am.

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

Coronary embolus
Arteriosclerosis
Other contributory causes of importance:
Broncho-pneumonia *Oct 4*

Name of operation *none* Date of *no*
What test confirmed diagnosis *clinical* 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?
If so, specify
(Signed) *W. H. ...* M. D.
(Address) *4500 Olive St. St. Louis Mo.*

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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