

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1003

9025

Do not use this space.

Registered No. 2614

1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(c) City, St. Louis, Mo. (d) Street No., Missouri Baptist. 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

Anna D. Reynolds. 543  
(a) Residence, No. 5701 Cates Ave. St. 5 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Joseph J. Reynolds.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1884.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 9 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.  
9. Industry or business in which work was done, as 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) Illinois.

FATHER 13. NAME P. J. Kiley.

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

MOTHER 15. MAIDEN NAME Dont Know.

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

17. INFORMANT (ADDRESS) Joseph J. Reynolds.  
5701 Cates Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mar. 21, 1938

19. FUNERAL DIRECTOR (ADDRESS) Arthur J. Donnelly.  
3840 Lindell Blvd.

20. FILED J. F. Budach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 16 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-22-37 to 3-16, 1938  
I last saw her alive on 3-16, 1938 Death is said to have occurred on the date stated above, at 10:45 P.M.  
The principal cause of death and related causes of importance were as follows:

Acute myocarditis Date of onset 3-1-38

Other contributory causes of importance:

Name of operation none Date of ?  
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 of injury in any way related to occupation of deceased? no  
If so, specify (Signed) James A. Gorsey M. D.  
(Address) 3903 Olive St.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 18 1938

for 7/22/2011  
2011 2868  
1-3

NOTE

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. 2868

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 Stanley Merchants

Licensed Embalmer No. 2868

**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.)**