

REC'D JUL 12 1938

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

20156

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis (d) Street No. City / Hospital No. 1 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

(a) Residence, No. 5277 Waterman st. 12 (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 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 Lucy Reynolds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 1 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cattle Buyer
9. Industry or business in which work was done, as saw mill, bank, etc. NA
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Stephen Reynolds

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

MOTHER 15. MAIDEN NAME Margaret Flynn

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

17. INFORMANT Mrs. Lucy Reynolds (ADDRESS) 5277 Waterman

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE 6-10 1938

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc. (ADDRESS) 429 North Euclid Ave.

20. FILED JUN 14 1938 J. D. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/9/38, 19

22. HEREBY CERTIFY, That I attended deceased from 6/7/38, 19, to 6/9/38, 19.

I last saw h. him live on 6/9/38, 19. Death is said to have occurred on the date stated above, 11:30 a.

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

Coronary Thrombosis

Other contributory causes of importance:

Pneumonia, Rabar

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? ye

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) Audley G. Lockwood, M. D.
(Address) City Hospital No. 1

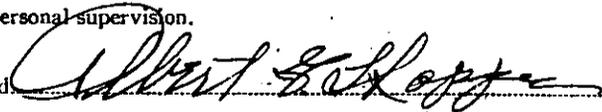
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed



Licensed Embalmer No. 2991

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.