DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40175

Registration District No. 7911 — FILED JAN 15 1941

Primary Registration District No. 1003

Registrar's No. 9945

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 das (Specify whether

In this community 16 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 21 (If outside city or town limits, write "RURAL")

(d) Street No. 2207 Pine Blvd (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frank Reynolds

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race C

6. (a) Single, widowed, married, divorced Separated

6. (b) Name of husband or wife Unk

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 22 (Day) 1894 (Year)

8. AGE: Years 46 | Months 7 | Days 19 | If less than one day hr. min.

9. Birthplace (City, town, or county) Alabama (State or foreign country)

10. Usual occupation Cook

11. Industry or business

FATHER
12. Name Link Reynolds
13. Birthplace (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name Alice Williams
15. Birthplace (City, town, or county) Alabama (State or foreign country)

16. (a) Informant's own signature Florence A Spalls

(b) Address 2601 N. Whittier

17. (a) (Burial, cremation, or removal) (b) Date thereof 11-26-40 (Month) (Day) (Year)

(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rutger

19. (a) DEC 4 1940 (Date received local registrar) (b) J. H. Bledeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1940 hour 6:55 minute P.M.

21. I hereby certify that I attended the deceased from November 20, 1940, to November 21, 1940 that I last saw him alive on November 21, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Congestive Heart Failure	12wks
Due to arteriosclerosis	
No other heart condition	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As above	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. W. Johnson (M. D. or other)

Address 2601 N Whittier Date signed 11-25-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

I X19511

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.....

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.