No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4853

MAR 25 1941

Registration District No. 791 · Primary Registration District No. 1003 · Registrar's No. 1101

1. PLACE OF DEATH:

(a) County St Louis

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

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

(d) Length of stay: In hospital or institution Less than 24 hrs (Specify whether

In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Mo (b) County

(c) City or town St Louis 229 (If outside city or town limits, write "RURAL")

(d) Street No. 2211a Walnut St (If rural, give location)

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

3. (a) PRINT FULL NAME Mack McReynolds

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Abt (Month) 1896 (Day) (Year)

8. AGE: Years Abt. 45 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Unknown

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

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

16. (a) Informant Dennis McGrath

(b) Address 3417 Manhattan

17. (a) (Burial, cremation, or removal) (b) Date thereof 1-29-41 (Month) (Day) (Year)

(c) Place: burial or cremation Washington

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

(b) Address 3500 Rutger

19. (a) FEB 3 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1941 hour 8 minutes 30 P M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Fred Perry (M. D. or other)

Address Cypress Corone Date signed 1/28/41

(Licensed Embalmer's Statement on Reverse Side)

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.