

FILED MAR 17 1942
Registration District No. **797**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County _____

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

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

(d) Length of stay: In hospital or institution 1-25-42 to 2-12-42
(Specify whether _____)

In this community 2.5 years
years, months or days)

3. (a) PRINT FULL NAME Clem Bundy McReynolds

3. (b) If veteran, name war None

3. (c) Social Security No. 497-01-315

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Dean W. 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased October 24 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Franklin County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe-cutter

11. Industry or business Samuel Shoe Co.

MOTHER FATHER

12. Name William McReynolds

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Albee Parker

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Dean McReynolds

(b) Address 2339 Whittemore Pl.

17. (a) Burial (b) Date thereof 2-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) Feb 19 1942 (b) J. P. Debeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23 080 19

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

(d) Street No. 2339 Whittemore Pl.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12
year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-25
1942 to February 12 1942
that I last saw him alive on February 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Pneumococcal endocarditis
Pneumococcal meningitis
Pneumococcal septicaemia
Empyema

Due to 309

Other conditions CNS Syphilis
(Include pregnancy within 3 months of death)

Major findings: Of operations Pneumococcal meningitis
Pneumococcal endocarditis

Of autopsy Empyema, right

Physician _____

Underline 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wellington Sale, Jr. (M. D. or other) MO.

Address BARNES HOSPITAL Date signed 2/12

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.....

Charles H. Neighbors Registered Apprentice No. *319*

working under my personal supervision.

Signed *L. A. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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, fact should be so stated above.