

FILED MAR 24 1942
Registration District No. 794

Primary Registration District No. 1003

Registrar's No. 1881

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 Mo. 8 Days
(Specify whether
In this community 1 Mo 8 days
years, months or days)

3. (a) PRINT FULL NAME Beatrice Reynolds

3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife XXX 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased April 9th. 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>10</u>	<u>16</u>hr.min.

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

10. Usual occupation Milner

11. Industry or business Unemployed

12. Name John Reynolds

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

14. Maiden name Bridget Reynolds

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

16. (a) Informant Elizabeth Reynolds

(b) Address 4249 Maryland Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/2/42 (Month) (Day) (Year)

(c) Place: burial or cremation Marshall Ill

18. (a) Signature of funeral home Harrigan & Sheehan and Co

(b) Address 4416 Washington Blvd

19. (a) MAR 1 1942 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis 1917
(If outside city or town limits, write "RURAL")
(d) Street No. 4249 Maryland Ave 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27. year 1942 hour 12:45 minute A. M.

21. I hereby certify that I attended the deceased from January 19. 19 42 to February 27. 19 42 that I last saw her alive on February 27. 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death Empyema thoracis Duration
Lobar pneumonia

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 106

Major findings: Of operations same

Of autopsy same

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?.....
While at work?..... (Specify type of place)
..... (Specify means of injury)

23. Signature J. E. Don Gavel (M. D. or other)
Address 1515 Lafayette Avenue Date signed 2/27/42

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

MOTHER FATHER

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.....

Homer W. Prutz

Licensed Embalmer No. 3882

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, fact should be so stated above.