

FILED MAR 2 1942  
 Registration District No. **19157**

Primary Registration District No. **3096**

Registrar's No. **236**

1. PLACE OF DEATH:

(a) County **St. Charles**  
 (b) City or town **St. Charles**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **St. Joseph's Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **93**  
 (c) City or town **St. Charles**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **926 Clay**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country **0**

3. (a) PRINT FULL NAME **Clayton Gene Mc Reynolds**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased **July 29 1941**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**0 5 4** hr. min.

9. Birthplace **St. Charles Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name **Edmet Mc Reynolds**  
 13. Birthplace **Lewis County, Mo.**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Vienna Joyce Skumson**  
 15. Birthplace **Lewis County, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Edmet Mc Reynolds**  
 (b) Address **926 Clay St., St. Charles, Mo.**  
 17. (a) **Burial** (b) Date thereof **Jan 4 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **La Belle, Mo.**

18. (a) Signature of funeral director **H. C. Dillmeier & Sons**  
 (b) Address **800 N. Second, St. Charles, Mo.**  
 19. (a) **1-8-42** (b) **Clarence G. Wender**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **3**  
 year **1942** hour **1** minute **30.0** M.

21. I hereby certify that I attended the deceased from **12-20** 19**41** to **1-3** 19**42**  
 that I last saw him alive on **Jan 3rd** 19**42**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**  
 Due to **Malnutrition**

Due to \_\_\_\_\_  
 Other conditions **Congestive heart disease, Arteriosclerosis of Aorta**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **None 157e**

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence **None**  
 (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 **Ralph O. Hayden** (M. D. or other)  
 Address **St. Charles, Mo.** Date signed **1-3-42**

Duration	PHYSICIAN
<b>2 days</b>	_____
<b>3 mo.</b>	_____
<b>Birth</b>	_____
<b>11</b>	_____

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

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**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.....

*John E. Gallmeyer*

Licensed Embalmer No. *2951*

P. O. Address.....

*H Charles Moore*

**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.**