

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6hrs
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2607 N. Prairie
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Seth D Reynolds

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Oct 9 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 25
If less than one day hr. min.

9. Birthplace Randolph Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Trucking

11. Industry or business

MOTHER FATHER {
12. Name Sam Reynolds
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Sara Summerville
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Reynolds
(b) Address 2607 N. Prairie

17. (a) Removal (b) Date thereof 4/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparta, Ill.

18. (a) Signature of funeral director Albert H Hoppe

(b) Address 4700 Washington

19. (a) APR 6 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1942 hour 13 minute 05 A.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.

Immediate cause of death Facractor of Brain
When he fell down 6 steps
leading to a basement of
3254 Fallston Ave about
noon apr 3 1942

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) Accident?

(b) Date of occurrence Apr 3 1942

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
13 Parker Place

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

23. Signature Alfred Terry (M. D. or other) 3

Address St. Louis Date signed 4/6/42

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

97
00
17
9

100
17
9

100

8

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.....

Albert H. Happe

Licensed Embalmer No.....

2971

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.