S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY [illegible] 91

Registration District No. [illegible]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12994

Registrar's No. 3890

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: City Infirmary 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month 12 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 2 / 17 / 9 / 0 00

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

(d) Street No. 1927 1/2 Delmar Ave
(If rural, give location)

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

If yes, name country Americam

3. (a) PRINT FULL NAME Eddie Reynolds.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Colored

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 4th (Day) 1886 (Year)

8. AGE: Years 55 Months 6 Days 24 If less than one day hr. min.

9. Birthplace Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business none

FATHER
12. Name Wash Reynolds.
13. Birthplace Virginia. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Isabella Smith.
15. Birthplace Virginia /
(City, town, or county) (State or foreign country)

16. (a) Informant L. Hannon
(b) Address 5600 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-42 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randleson
(b) Address 3133 Bell Ave

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

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 28th year 1942 hour 5:00 minute A.M.

21. I hereby certify that I attended the deceased from at 5 30 Am April 28, 1942, 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 unknown
Coronary Occlusion (?)
Cause undetermined

Due to

Due to

94

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Loren Blaney (M. D. or other) MD

Address 5600 Arsenal Date signed 4-28-42

844 (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 S. J. Watson

Licensed Embalmer No. 269 F

P. O. Address 2769 Chouteau

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.