V. S. No. 2
30M—9-4-41
Rev. 5-17-39
I X29484

000
17
9

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1942 791

State File No. 19935

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 5805

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: 1704 N Newstead
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1704 N. Newstead Ave
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME EPSIE Reynolds

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

4. Sex F 3 | 5. Color or race C | 6. (a) ~~Single, widowed~~, married, divorced Married

6. (b) Name of husband or wife Arbecka Reylonds | 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 12 (Month) 25 (Day) 1882 (Year)

8. AGE: 59 Years ~~100~~ Months 8 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Danville (City, town, or county) Mo O (State or foreign country)

10. Usual occupation House Wife

11. Industry or business —

FATHER
12. Name Mohoc Ross
13. Birthplace Danville (City, town, or county) Mo O (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Danville (City, town, or county) Mo O (State or foreign country)

16. (a) Informant Arbecka Reylonds
(b) Address ~~1704~~ 1704 N Newstead

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director H. J. Smith
(b) Address 4247 W. Labadie Ave.

19. (a) JUL 8 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 5
year 1942 hour 130 minute a.m. ~~M.~~

21. I hereby certify that I attended the deceased from 7-2-, 1942, to 7-5-, 1942, that I last saw her alive on 7-4-, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexia — Duration 4 days

Due to 82 a

Due to 82 a

Other conditions 82 a
(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) .....
(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 O

23. Signature Dr Edward Bell (M. D. or other)
Address 2901 Laclede ave. Date signed 7-7-42

(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 William C. McDowell, Registered Apprentice No.....,
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.