S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22313

Registration District No. 789 Primary Registration District No. 30 Registrar's No. 1538

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. 10/15/41. (Specify whether
In this community Since 10/15/41.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County "
(c) City or town Mounds
(If outside city or town limits, write "RURAL")
(d) Street No. -
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Nolin REYNOLDS

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 344-07-3744

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife -

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

7. Birth date of deceased September (Month) 20, (Day) 1889 (Year)

8. AGE: Years 52 Months 10 Days 1 If less than one day hr. min.

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

10. Usual occupation Bartender

11. Industry or business -

FATHER
12. Name Ike Reynolds
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Hutchison
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant M. Schelling
(b) Address Clinical Clerk, VAF, Jeff. Bk., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mounds Illinois

18. (a) Signature of funeral director Edward N. Duffin
(b) Address Cairo Illinois

19. (a) JUL 21 1942 (Date received local registrar) (b) L B McBarnette (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st, year 1942, hour 5:45 minute a. M.

21. I hereby certify that I attended the deceased from October 15, 1941 to July 21, 1942 that I last saw him alive on July 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive and coronary arteriosclerotic heart disease, — Duration

Due to cardiac enlargement, myocardial damage and myocardial insufficiency. — Unknown.

Due to -

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

Major findings:
Of operations -

Of autopsy No 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? injury

23. Signature R. W. Good, M.D., (M. D. or other)
Address Acting Chief Medical Officer Date signed 7/21/42

(Licensed Embalmer's Statement on Reverse Side)

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

9600

JUL 23 1942

707

JUL 28 1942

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.....

Licensed Embalmer No.....

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.