14061
V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 25 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26147

State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6890

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7929 Pennsylvania Avenue 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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(a) State Mo. (b) County 17

(c) City or town St. Louis 1
(If outside city or town limits, write "RURAL")

(d) Street No. 7929 Pennsylvania ave. 9
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Josephine Reynolds

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Patrick Reynolds

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

7. Birth date of deceased August (Month) 27 (Day) 1880 (Year)

8. AGE: Years 61 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Val Yochum
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Anna Elle
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Josephine Minden
(b) Address 7929 Pennsylvaniaave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 17, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director C Hoffmeister Wk Co
(b) Address 7814 S. Broadway

19. (a) AUG 16 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14, year 1942 hour 5:55 minute P. M.

21. I hereby certify that I attended the deceased from January 27, 1942 to August 14, 1942; that I last saw him alive on August 14, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death auricular fibrillation, mitral stenosis, Enlargement of heart, Essential hypertension

Due to

Due to

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 [signature] (M. D. or other)

Address 1515 Lafayette Ave. Date signed 8/15/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.