

FILED MAR 30 1943
Registration District No. 38

Primary Registration District No. 1002

Registrar's No. 2694

1. PLACE OF DEATH:

(a) County City
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Infirmary. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 000
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 17
(d) Street No. 2612 Baldwin St. (If rural, give location) 90
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Jennie Reynolds.

3. (b) If veteran, name war..... No 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Joseph Reynolds. 6. (c) Age of husband or wife if alive..... 55 years

7. Birth date of deceased..... April 2, 1885.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 11 16 hr. min.

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

10. Usual occupation..... House wife.

11. Industry or business.....

12. Name..... James Thomas

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

14. Maiden name..... Mary Bush.

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

16. (a) Informant..... Joseph Reynolds.

(b) Address..... 2612 Baldwin St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/43. (Month) (Day) (Year)

(c) Place: burial or cremation..... Washington Park.

18. (a) Signature of funeral director: C. W. Roberts.

(b) Address..... 3035 Lucas Ave.

19. (a) APR 23 1943 (Date received at registrar) J. S. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1943 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from March 22nd, 1943, to March 18, 1943
that I last saw her alive on March 18th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Hypertensive Heart Disease
chronic nephritis

Due to.....

Due to.....

Other conditions..... 1/2!
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?

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

23. Signature Robert M. Scott (M. D. or other).....

Address 3007 E. Acton Ave. Date signed 3-24-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Fulton G. Culkin

Licensed Embalmer No.

4198

P. O. Address

St. Louis Mo

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.