

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

1. PLACE OF DEATH:

(a) County **St. Louis.**

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

(c) Name of hospital or institution: **Missouri Pacific Hospital.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 1/2 Weeks**
(Specify whether)

In this community **Williams**
years, month

3. (a) PRINT FULL NAME **FREDERIC REYNOLDS**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Eliza Reynolds.**

6. (c) Age of husband or wife if alive **Dec'd.** years

7. Birth date of deceased **August 2nd 1858**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	0	2	hr. min.

9. Birthplace **New York.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Laborer.**

11. Industry or business **Missouri Pacific Railroad**

12. Name **Don't Know.**

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

14. Maiden name **Don't Know.**

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

16. (a) Informant **Mrs R. H. Brookes**

(b) Address **5617 Kennerly Avenue**

17. (a) **Burial** (b) Date thereof **Aug. 7/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **Geo. L. Pleitsch, Inc.**

(b) Address **5966 Easton Avenue, St. Louis, Mo.**

19. (a) **AUG 7 1943** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

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

(d) Street No. **5617 Kennerly Avenue.**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **4**
year **1943** hour **3** minute **05 P.M.**

21. I hereby certify that I attended the deceased from **7/16/43** 19... to **8/4/43** 19...
that I last saw him alive on **8/4/43** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **1 yr**

Due to **Benign Prostatic Hypertrophy**

Due to **Generalized Atherosclerosis**

Other conditions (Includes pregnancy within 3 months of death) **None**

Major findings: Of operations **None**

Of autopsy **None**

PHYSICIAN **None**

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? _____

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

23. Signature **C. O. Duane** (M. D. or other) **P. 4-43**
Address **Mo. Pac. Hosp.** Date signed _____

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.....

Bess Hoffman....., Registered Apprentice No. *346*,
working under my personal supervision.

Signed.....*Leonard W. Haeger*.....

Licensed Embalmer No. *2278*.....

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.