

S. No. 2  
DM-2-43  
5-17-39  
P 1 X35497

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33467

State File No. \_\_\_\_\_

FILED NOV 1 1943 18

9392

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis Mo

(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: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 42 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")

(d) Street No. 7464 Arlington  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

3. (a) PRINT FULL NAME Charles Ray Reynolds

3. (b) If veteran, name war World War No 1

3. (c) Social Security No. 493-10-3946

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 year 1943 hour 9 minute 10 P. M.

4. Sex MALE

5. Color or race W

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

6. (b) Name of husband or wife Cynthia

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased January 17 1891  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 10 1943 to October 22 1943 that I last saw him alive on October 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma (primary site as yet undetermined)

Duration \_\_\_\_\_

8. AGE: Years 52 Months 9 Days 5 If less than one day 21 hr. 10 min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Engineer Westinghouse Elec Co

11. Industry or business Electrical (Mechanical)

Major findings: Of operations \_\_\_\_\_

Of autopsy As above

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

12. Name George Spurgeon Reynolds

13. Birthplace unknown U.S.A.  
(City, town, or county) (State or foreign country)

14. Maiden name Angela Amy Austin

15. Birthplace unknown U.S.A.  
(City, town, or county) (State or foreign country)

16. (a) Informant Cynthia A Reynolds

(b) Address 7464 Arlington Drive

17. (a) (b) Date thereof 10/25/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Watson-Bochlage

(b) Address 6536 Clayton Road

19. (a) OCT 26 1943 (Date received local registrar)  
J. F. Bradley (Registrar's signature)

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)

(a) Means of injury \_\_\_\_\_

23. Signature J. F. Bradley (M. D. or other) \_\_\_\_\_

Address BARNES HOSPITAL Date signed 10/24

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

9392 2686

NOV 3 1943

**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 *Albert G. Hoff*.....  
Licensed Embalmer No. *2971*.....  
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.