. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40129

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11514

1. PLACE OF DEATH:

(a) County
(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: Unnamed dead at City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009 11 9
(c) City or town St Louis. 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4555 N Broadway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN REYNOLDS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Reynolds
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased April 10th 1882 (Month) (Day) (Year)

8. AGE: Years 61 Months ~~10~~ 8 Days 11 If less than one day hr. min.

9. Birthplace KANSAS CITY MO. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Private Watchman
11. Industry or business

MOTHER FATHER
12. Name John Reynolds
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Reynolds
(b) Address 4555 N Broadway.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24 /43 (Month) (Day) (Year)
(c) Place: burial or cremation New St Marcus
18. (a) Signature of funeral director Thos Fidis & Son
(b) Address 2906 Gravois Ave
19. (a) DEC 22 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1943 hour 10 ~~10~~ A. M. minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of 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? (e) Means of injury

23. Signature Alfred Perry (M.D. or other)
Address Deputy Coroner Date signed 12/22/43

(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 David Van Tassan

Licensed Embalmer No. 4242

P. O. Address 2906 Garrison

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.