

FILED FEB 10 1945

Registration District No. 52

Primary Registration District No. 3010

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location).
(d) Length of stay: In hospital or institution few minutes
In this community Life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 1339 Missouri Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Mary L. Reynolds

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct - 4 - 1942
(Month) (Day) (Year)

8. AGE: Years 2 Months 3 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Cape Girardeau Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Thomas J. Reynolds

13. Birthplace Cape Girardeau Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Bleumer

15. Birthplace Cape Girardeau Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Thos J. Reynolds

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof Jan 26 - 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem

18. (a) Signature of funeral director Walther Lind

(b) Address Cape Girardeau Mo

19. (a) 26-45 (b) F. M. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1945 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation

Due to Being trapped in burning home.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 181

Of autopsy 15

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Jan. 25, 1945

(c) Where did injury occur? Cape Girardeau Cape Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At Home 1339 Missouri Ave.

While at work? No (Specify type of place) Means of injury Fire & Smoke

23. Signature Dr. J. F. Sigmond (Physician)

Address Jackson Mo Date signed 1/25/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16
1
4

RECEIVED

District Health Officer No. 4

District File Number 245-225

Date Filed 2-7-45

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.....

Not Embalmed

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

working under my personal supervision.

Signed

Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address *Cape Girardeau - 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.