. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15512

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4081

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: DE-PAUL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-WEEK (Specify whether years, months or days)

In this community 1-WEEK

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County SALINE

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

(d) Street No. RURAL-ROUTE 2 NR.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME OPAL-CATHERINE-REYNOLDS

3. (b) If veteran, name war No

3. (c) Social Security No. NIL

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ERNEST REYNOLDS

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov — 26 — 1893 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	5	8	hr. min.

9. Birthplace HARCO - ILL (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name ANDREW-CARSON
13. Birthplace HARCO - ILL (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name NORA-STONE
15. Birthplace HARCO - ILL (City, town, or county) (State or foreign country)

16. (a) Informant ERNEST-REYNOLDS

(b) Address GALATIA-ILLINOIS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY-7-1945 (Month) (Day) (Year)

(c) Place: burial or cremation GALATIA Illinois BRUSHIE-CEMETERY

18. (a) Signature of funeral director COURTNEY FUNERAL HOME

(b) Address GALATIA ILLINOIS

19. (a) MAY 8 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 4-th year 1945 hour 7 minute 20 p.M.

21. I hereby certify that I attended the deceased from Apr. 9, 1945, to May 4, 1945; that I last saw her alive on May 4, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia — Duration 2 days

Due to Thyroidectomy

63

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Diffuse toxic adenomatosis of thyroid.
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 Willard Bartlett (M. D. or other)

Address 607 N. Grand Ave. Date signed 5-8-45

(Licensed Embalmer's Statement on Reverse Side)

4081

4081

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 John Keller

Licensed Embalmer No. 3880

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.