

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

18678

FILED MAY 17 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4265

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: Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Willie McReynolds

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

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced WIDOW  
(b) Name of husband or wife Alex McReynolds (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 4 If less than one day, hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace unknown (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation House Work

11. Industry or business at home

12. Name unknown

13. Birthplace unknown (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name unknown (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

15. Birthplace unknown (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. (a) Informant Finne Whitch

(b) Address 4205 W. Cook Ave

17. (a) \_\_\_\_\_ (b) Date thereof 5-11-46  
(Burial, cremation, or removal) \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director A. F. Walton

(b) Address 2707 S. 1st St

19. (a) MAY 11 1946 (Date rec'd at local Registrar) J. F. Braden (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ado  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2936a Thomas (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1946 hour 2 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from 5-4 to 5-6 19 46  
that I last saw him or alive on 5-6 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio-vascular Disease with Decompensation Duration Unk

Due to \_\_\_\_\_  
Due to 93

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy No

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature O. J. Ayler (M. D. number) \_\_\_\_\_  
Address 2601 N Whittier St Date signed 5/6/46

4265

### 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

*Arthur L. Hilliard*

Licensed Embalmer No.

*4221*

P. O. Address

*1154 Bayard Ave*

**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.**