S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

29434

State File No.

FILED #7602 21 1947 18

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7601

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital #1. 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Cad

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1441 PRATHER AVE 9
4 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME JOHN ALDEN REYNOLDS

3. (b) If veteran, name war NONE

3. (c) Social Security No. 499-05-5096

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife LATE ETTA

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

7. Birth date of deceased JAN. (Month) 12 (Day) 1878 (Year)

8. AGE: Years 69 Months 6 Days 27 If less than one day hr. min.

9. Birthplace (City, town, or county) PENN 1 (State or foreign country)

10. Usual occupation STONEMASON (RETIRED)

11. Industry or business

FATHER
12. Name JAMES REYNOLDS
13. Birthplace (City, town, or county) IRELAND 4 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) IRELAND 4 (State or foreign country)

16. (a) Informant JAMES R. REYNOLDS
(b) Address 1441 PRATHER AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 SO. KINGSHIGHWAY

19. (a) AUG 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9th year 1947 hour 12;15 minute P M.

21. I hereby certify that I attended the deceased from 8/3/47, 19, to Aug. 9th, 1947 that I last saw him alive on Aug. 9th, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary congestion	1 week
Due to: Degenerative Heart Disease	?
~~Due to~~ Chronic pyelonephritis Non-calculous	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 0

23. Signature K. D. Gregory (M.D. or other)

Address 1515 Lafayette Date signed 8/11/47

Jefferson City Printing Co.

(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. Richard W. Stovesand

Licensed Embalmer No. 4007

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.