S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

Registration District No. 3068

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3068

State File No. 33217

Registrar's No. 1932

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Maplewood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Railroad
(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: St. Louis
(c) City or town: Maplewood, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No.: 3201 Laclede
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Henry Reno
3. (b) If veteran, name war: No.
3. (c) Social Security No.:
4. Sex: Male
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: Unkown (Month) (Day) (Year)
8. AGE: Years: About 68 Months: Days: If less than one day ..... hr. ..... min.
9. Birthplace: St. Paul, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business .....
FATHER 12. Name: Tom Reno
FATHER 13. Birthplace: New York (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Cornelia Edwards
MOTHER 15. Birthplace: Ill. (City, town, or county) (State or foreign country)
16. (a) Informant: John Reno
(b) Address: 3201 Laclede
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetery
18. (a) Signature of funeral director: Jay B. Smith
(b) Address: 7456 Manchester Blvd.
19. (a) 9-15-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10 year 47 hour ..... 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: partial decapitation of head and other bodily lacerations when struck by Missouri Pacific ~~xxxx~~ passenger train while sitting on track.

Due to: 164f

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

Major findings: Of operations .....

~~xxxxx~~ .....

Duration

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): Suicide
(b) Date of occurrence: Sept. 10, 1947.
(c) Where did injury occur? Maplewood, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Railroad right-of-way (Specify type of place)
While at work? ..... (e) Means of injury: blunt impact.
23. Signature: Arnold J. Willmann Coroner (Coroner)
Address: Clayton, Mo. Date signed: 9/10/47

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 W E Burgess

Licensed Embalmer No. 4029

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.