. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40546

FILED DEC 8 1947

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2490

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3100 Kemp Dr.
(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 St. Louis 96

(c) City or town Pine Lawn 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3100 Kemp Dr. 6
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Nina E. 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 widowed

6. (b) Name of husband or wife John G. Reynolds

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

7. Birth date of deceased June (Month) 7 (Day) 1862 (Year)

8. AGE: Years 85 Months 5 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Greensburg (City, town, or county) Ky. (State or foreign country)

10. Usual occupation Home

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant George Reynolds

(b) Address 3100 Kemp Dr.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-3-47 (Month) (Day) (Year)

(c) Place: burial or cremation Godfrey Ill

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) 12-3-47 (Date received local registrar) (b) Ceala Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 1 day 1
year 1947 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from September 2nd, 1946, to Dec. 1st, 1947; that I last saw her alive on Dec. 1st, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia
myocardial damage

Due to Arterio-sclerosis

Due to 107

Other conditions as above
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

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) .....

(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 Solon P Harris M.D. (M. D. or other)

Address 6876 Natural Bridge Date signed 12/2/47

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

MOTOR

16
6
6

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JAN 7 1948

6826 Natural Bridge,
1 to 4

DEC 11 1947

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 Warren A. Carver

Licensed Embalmer No. 3534

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.