

No. 309
-10-47
-17-39
-I 3908

STANDARD CERTIFICATE OF DEATH
1003

State File No. **34604**
9426
Registrar's No. _____

FILED NOV 12 1948

318

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St Louis Mo
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4636 Sacramento 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 72 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4636 Sacramento
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William, H. Reynolds

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased December 13 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Building

12. Name William H Reynolds

13. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Annie Whitworth

15. Birthplace Dont Know Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Reynolds

(b) Address 4636 Sacramento Ave

17. (a) Burial (b) Date thereof Nov 1 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Provost

(b) Address 3710 N Grand Blvd

19. (a) OCT 31 1948 (b) J. B. Pasater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 1948
year _____ hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from 13-Oct-48 to 30-Oct-48
that I last saw him alive on 29-Oct-48
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Generalized Arteriosclerosis
Due to _____

Duration 2 wks
6 yrs

Other conditions (Include pregnancy within 5 months of death)

Major findings: 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 it occur in or about home, on farm, in industrial place, in public place?

Where at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address 4501 E Washington Date signed 30 Oct 48

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 Albert Mayfield

Licensed Embalmer No. 3077

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.