S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

35188

State File No. 8

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 2249

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999

(c) City or town East St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 712 Pennsylvania Avenue 0
(If rural, give location) 2

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

If yes, name country

3. (a) PRINT FULL NAME REYNOLDS, Lee Edward

3. (b) If veteran, name war World I

3. (c) Social Security No. 333 018 985

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife -

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

7. Birth date of deceased March (Month) 7 (Day) 1887 (Year)

8. AGE: Years 61 Months 6 Days 20 If less than one day hr. min.

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

10. Usual occupation Bar Tender

11. Industry or business

FATHER
12. Name Unavailable
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Registrar, VA Hospital

(b) Address Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 29-48 (Month) (Day) (Year)

(c) Place: burial or cremation Nat'l.Cem. Jeff.Bks.Mo.

18. (a) Signature of funeral director C.Hoffmeister U.&L. Co.

(b) Address 7814 S.Bdwy. St.Louis, Mo.

19. (a) 9-27-48 (Date received local registrar) (b) Carol C. Sharp (Registrar's signature) 1856

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1948 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from September 12, 1948 to September 27, 1948
that I last saw him alive on September 27, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY INFARCT

Duration Unk.

~~xxxx~~ Contributory cause: 460
CARCINOMA OF ESOPHAGUS: LARYNX

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations 9/25/48 Gastrostomy (Palliative) to allow feeding

Of autopsy Autopsy performed (See cause of death)

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) None

(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 L.E. Stilwell, (M.D. ~~or other~~)
Chief, Professional Services
Address Vet.Adm.Hosp.Jeff.Bks.Mo. Date signed 9/27/48

(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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 E. Broadway

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.