

FILED JAN 24 1949

Registration District No. 577

Primary Registration District No. 2002

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town University City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Res: 7396 Kingsbury,
(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)

3. (a) PRINT FULL NAME BIRD MAE REYNOLDS.
3. (b) If veteran, name war no.
3. (c) Social Security No. no.

4. Sex Female. 5. Color or race White.
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Clarence Reynolds. 6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased August 27, 1887.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61. 3. 25. _____ hr. _____ min.

9. Birthplace Frederick, S. Dakota.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

MOTHER FATHER { 12. Name Curly Caykendall.
13. Birthplace England.
(City, town, or county) (State or foreign country)
14. Maiden name Mae Smith,
15. Birthplace England.
(City, town, or county) (State or foreign country)

16. (a) Informant W. A. Kliefoth.
(b) Address 7396 Kingsbury.

17. (a) Removal. (b) Date thereof 12/22/48.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peoria, Illinois.

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Bl'vd.,

19. (a) 12-22-48 (b) Thurmond Lupton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois. (b) County 999
(c) City or town Peoria,
(If outside city or town limits, write "RURAL")
(d) Street No. 407 Knoxville,
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22,
year 1948. hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from 12-22-48
_____ 19____, to 12-22-48 19____;

that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage Duration 8 hrs.

Due to Hypertensive Cardio Vasc. Disease ultimora

Due to _____

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

Major findings: 93d
: Of operations _____
Of autopsy 11401

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 injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place)
(c) Means of injury _____
23. Signature H.O. Schrepel (M. D. or other) M.D.
Address 16 Hampton Village Plaza Date signed 12/22/48

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

SW-1334
1-3

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address At Paris, Me

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.