

5. No. 300
V. 10. 48

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3164**
175

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis University High School		d. STREET ADDRESS (If rural, give location) 4970 Oakland Ave.	

3. NAME OF DECEASED (Type or Print) Rev. Joseph C. Reno S.J.			4. DATE OF DEATH (Month) (Day) (Year) 1 7 1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) S.	8. DATE OF BIRTH Nov. 12, 1868	9. AGE (In years last birthday) 80	10. UNDER 1 YEAR Months 1	11. UNDER 1 YEAR Days 25	12. UNDER 1 MIN. Hours 	13. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious, Catholic Priest		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME Eugene Reno		13b. MOTHER'S MAIDEN NAME Mary Flanagan		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Rev. A.J. Reid S.J.				ADDRESS 4970 Oakland Ave.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary embolus ANTECEDENT CAUSES Coronary sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. AAA						INTERVAL BETWEEN ONSET AND DEATH 2 hrs 5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from June, 1945, to Jan 7, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE E. H. Bowdren M.D.		23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 1-7-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-10-49		24c. NAME OF CEMETERY OR CREMATORY St. Stanislaus Seminary Florissant		24d. LOCATION (City, town, or county) (State) Mo.	
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DATE REC'D BY LOCAL REG. JAN 7 1949		REGISTRAR'S SIGNATURE J. Blacater		25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lind	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Thomas R. Lemwick.

Signed _____
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.