

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3165
State File No. 532

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

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS—Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>0—</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis MO</u>	
c. LENGTH OF STAY (In this place) <u>38</u>		d. STREET ADDRESS (If rural, give location) <u>915 Bartle</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Minnie</u> b. (Middle) <u>Reynolds</u> c. (Last) <u>Reynolds</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 15 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8 - 2 - 1899</u>
9. AGE (In years last birthday) <u>49</u> Months <u>5</u> Days <u>13</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 MONTH IF UNDER 1 HOUR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (State or foreign country) <u>Helena, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>/</u>	

13a. FATHER'S NAME <u>George Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Graham</u>		14. NAME OF HUSBAND OR WIFE <u>Matthew Reynolds</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sophia Hill - 4141 Gratiot-St. I.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION <u>Congestive Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Degenerative Heart Disease with</u>		DUPLICATE OF (b) <u>Undetermined</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) <u>None</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>None</u>		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____	
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? _____	

22. I hereby certify that I attended the deceased from 1-14, 1949, to 1-15, 1949, that I last saw the deceased alive on 1-15, 1949, and that death occurred at 6:50 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Osborn L. Daniels M. D.</u> (Degree or title)		23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>1/18-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>JAN 19 1949</u>		REGISTRAR'S SIGNATURE <u>J. W. Larimer</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Clarence Houston Houston Funeral Home, 2812 Thomas</u>	
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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.

Student
Student Embalmer

Signed

Leroy H. Summister

Licensed Embalmer No. *45-23*

P. O. Address *3880 Easton Av*

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.