

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 5 1949

State File No. 1003
Registrar's No. 318

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 318	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ark			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2		c. LENGTH OF STAY (in this place) 11 mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 12		19	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis State Hospital				d. STREET ADDRESS (If rural, give location) 1024065a Chateau 6			
3. NAME OF DECEASED (Type or Print) a. (First) MAGGIE b. (Middle) REYNOLDS c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 18 1949				
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-27-1869		9. AGE (In years last birthday) 81	10. UNDER 1 YEAR Months	11. UNDER 12 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poyette Co Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph Toan		13b. MOTHER'S MAIDEN NAME Anna Carmichael		14. NAME OF HUSBAND OR WIFE William			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Reynolds 4113 ^e Manchester			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 1948x					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS 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) 9300		21f. HOW DID INJURY OCCUR? H200	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 5-1-1949, to 6-18-1949 that I last saw the deceased alive on 6-18-1949, and that death occurred at 3:05P m., from the causes and on the date stated above.							
23a. SIGNATURE John C. Brown MD (Degree or title)				23b. ADDRESS 1515 Lafayette St. St. Louis Mo		23c. DATE SIGNED 6-19-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-20-1949	24c. NAME OF CEMETERY OR CREMATORY New St Marcus Cem		24d. LOCATION (City, town, or county) (State) St Louis County Mo		
DATE RECD BY LOCAL REG. OFF. JUN 21 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service 4104 Manchester Ave			

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

53853

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 Howard R. Rowland

Licensed Embalmer No. 3114

P. O. Address @ Harris 10

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.