

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **32406**

FILED OCT 6 1949

No. 300
10.48

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3263</u>		Registrar's No. <u>9067</u>											
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton Missouri</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood 22</u>				0 3									
c. LENGTH OF STAY (in this place) <u>3 weeks</u>				d. STREET ADDRESS (If rural, give location) <u>614 Yarnall Rd P.R. 12</u>													
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp</u>																	
3. NAME OF DECEASED (Type or Print) <u>RUBY Florence</u>			a. (First) <u>Reynolds</u>			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20 1949</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>		8. DATE OF BIRTH <u>Jan. 12 1906</u>		9. AGE (In years last birthday) <u>43</u>		if UNDER 1 YEAR <u>8</u> Months <u>8</u> Days		if UNDER 2 HRS. <u>8</u> Hours <u></u> Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIL</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>				11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					
13a. FATHER'S NAME <u>James R. Mage</u>				13b. MOTHER'S MAIDEN NAME <u>Cora H. Halloway</u>				14. NAME OF HUSBAND OR WIFE <u>Clifford Reynolds</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Clifford Reynolds</u>				ADDRESS <u>614 Yarnall Rd</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH					
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Bronchopneumonia</u>								<u>5 days</u>					
				ANTECEDENT CAUSES													
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of the cervix with metastases</u> DUE TO (c)								<u>2 1/2 yrs.</u>					
				II. OTHER SIGNIFICANT CONDITIONS													
				Conditions contributing to the death but not related to the disease or condition causing death. <u>1. Uremia</u> <u>2. Chronic pyelonephritis</u>								<u>2 wks</u>					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)				<u>171A</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				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 <u>Aug 27</u> , 19 <u>49</u> , to <u>Sept 20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept. 20</u> , 19 <u>49</u> , and that death occurred at <u>4:55 p.m.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title) <u>R. Schime Jr. M.D. U.</u>						23b. ADDRESS <u>Clayton 601 S. Brentwood Blvd</u>						23c. DATE SIGNED <u>9/20/49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>9-23-49</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Kirkwood Missouri</u>					
DATE REC'D BY LOCAL REG. <u>9-23-49</u>				REGISTRAR'S SIGNATURE <u>Robert R. Mook, M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Metzger</u>				ADDRESS <u>Kirkwood, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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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

John M Meyer

Licensed Embalmer No.

3288

P. O. Address

Wickwood 228

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.