

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42893

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11066**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>3425 Delmar Blvd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lawrence</b>		b. (Middle) <b>Reynolds</b>	
c. (Last) <b>Reynolds</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 20 1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Feb. 25, 1912</b>
9. AGE (In years last birthday) <b>37</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <b>Lawrence Reynolds</b>		13b. MOTHER'S MAIDEN NAME <b>Alberta Thompson</b>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alberta Merrill</b>		ADDRESS <b>3425 Delmar Blvd.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular Disease</b>  ANTECEDENT CAUSES DUE TO (b) <b>Hypertension</b> Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.  DUE TO (c)  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 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) <b>102</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>Hotel</b>			
22. I hereby certify that I attended the deceased from <b>12-16-49</b> to <b>12-20-49</b> , 1949, that I last saw the deceased alive on <b>12-20</b> 1949, and that death occurred at <b>4:05 p.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Herbert Okun</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>2601 N Whittier St</b>	
23c. DATE SIGNED <b>12-22-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-21-1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 24 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Casater</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J. H. Randle &amp; Son</b>		ADDRESS <b>3133 Bell Avenue</b>	

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.

Student .....  
Student Embalmer

Signed J. J. Watson

Licensed Embalmer No. 2695

P. O. Address 2769 Chouteau

**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.