

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25207

State File No. 6549

6549

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2189</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4378a Chouteau Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>4378a Chouteau Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>JULIA</u>		a. (First) _____		b. (Middle) <u>E.</u>		c. (Last) <u>REYNOLDS</u>	
4. DATE OF DEATH <u>July 29, 1950</u>		(Month) _____ (Day) _____ (Year) _____		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>June 1, 1891</u>		9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR <u>1</u> Months <u>28</u> Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Thomas P. Fenlon</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Lamb</u>		14. NAME OF HUSBAND OR WIFE <u>Late William B. Reynolds</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nellie Fenlon-4378a Chouteau</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronaria uterina</u> ANTECEDENT CAUSES 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.				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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 <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>17HX</u>				22. I hereby certify that I attended the deceased from <u>11/30, 1948</u> to <u>7/29, 1950</u> , that I last saw the deceased alive on <u>7/29, 1950</u> , and that death occurred at <u>7:55 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. Gallagher</u>		(Degree or title) _____		23b. ADDRESS <u>3903 Olive</u>		23c. DATE SIGNED <u>7/31/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-2-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>JUL 31 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Javater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser-4228 S. Kingshighway Bl</u> ADDRESS _____			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed William B. White

Signed.....
Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4228th Kingshighway

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.