

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21711

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6270 Registrar's No. 2323

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Mo.</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Manchester, Mo.</b>		c. LENGTH OF STAY (In this place) <b>24hrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 2259</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pine Crest Nursing Home</b>			d. STREET ADDRESS (If rural, give location) <b>Mug Hotel-819 1/2 Market</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>		b. (Middle) <b>Adelbert</b>	c. (Last) <b>Reynolds</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6 1 51</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed 2</b>	8. DATE OF BIRTH <b>7-6-1876</b>	9. AGE (In years last birthday) <b>74</b>	10. IF UNDER 1 YEAR Months <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>Unknown</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Winters</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>495-26-6889</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Pine Crest Nursing Home, Ballwin, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac Dilatation</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis</b> DUE TO (c) <b>Senility</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>4 yrs</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>422.2</b>				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 <b>6/31</b> , 19 <b>51</b> , to <b>6/1</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>6/1</b> , 19 <b>51</b> , and that death occurred at <b>10:30 Am.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>C. Shesler MD</b>		23b. ADDRESS <b>St. Louis, Mo.</b>		23c. DATE SIGNED <b>6/1/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-4-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Sappington Mo</b>		
DATE REC'D BY LOCAL REG. <b>6-1-51</b>	REGISTRAR'S SIGNATURE <b>Hubert R. Lomke MD</b>	FURNERAL DIRECTOR'S SIGNATURE <b>W. Fiegenheim</b>	ADDRESS <b>6409 Gravois Ave</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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 4343

P. O. Address St. Louis, Mo.

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.