

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16138  
3596

State File No. ....  
Registrar's No. ....

FILED APR 18 1953

REG. DIST. NO. 318

1003

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If in institution, residence before admission). a. STATE Mo.		b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>Wellstons</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Faith Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>6402 Wellsmar</i>		4301	
3. NAME OF DECEASED (Type or Print) <i>Walter E. Reynolds</i>		- a. (First) <i>Walter</i>		b. (Middle) <i>E.</i>	
c. (Last) <i>Reynolds</i>		4. DATE OF DEATH <i>April 4 1953</i>		(Month) (Day) (Year)	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	
8. DATE OF BIRTH <i>Dec. 12 1888</i>		9. AGE (In years last birthday) <i>64</i>		IF UNDER 1 YEAR Months Days	
IF UNDER 1 HR. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Assembler</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Electrical</i>	
11. BIRTHPLACE (City and State or Foreign Country) <i>Avena Ill</i>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <i>William Reynolds</i>		13b. MOTHER'S MAIDEN NAME <i>Maggie Loar</i>		14. NAME OF HUSBAND OR WIFE <i>Bertha Reynolds</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>494-05-8208</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Bertha Reynolds 6402 Wellsmar</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Recurrent Carcinoma of Prostate</i>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity 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.			
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)	
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? <i>177X</i>	
22. I hereby certify that I attended the deceased from <i>Oct 19 52</i> to <i>April 4, 1953</i> , that I last saw the deceased alive on <i>April 4, 1953</i> and that death occurred at <i>3 P.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Bertha Reynolds</i>		(Degree or title) <i>Wife</i>		23b. ADDRESS <i>730 Hademont Ave 4/6/53</i>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4/7/53</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Laurel Hill Gardens</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County</i>			
DATE REC'D BY LOCAL REG. <i>APR 6 1953</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Sullivan's 2849 No. Euclid Ave.</i>	

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

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4108.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.