

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17277**
Registrar's No. **4117**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 17277		Registrar's No. 4117					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance). a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 1/2 Yrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 6 4761 Labadie									
3. NAME OF DECEASED (Type or Print) a. (First) Albert			b. (Middle) William			c. (Last) Reynolds			4. DATE OF DEATH (Month) (Day) (Year) May 4, 1954				
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10 - 15 - 1898		9. AGE (In years last birthday) 55		10. 6 11. 19 (If under 1 year, state month and day)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister-Architect				10b. KIND OF BUSINESS OR INDUSTRY Arctectual.		11. BIRTHPLACE (City and State or Foreign Country) Calcuttia East India				12. CITIZEN OF WHAT COUNTRY? Foreign			
13a. FATHER'S NAME Joseph Reynolds				13b. MOTHER'S MAIDEN NAME Bettie Hawkins				14. NAME OF HUSBAND OR WIFE Dorthy Alberta Reynolds					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorthy A. Reynolds, 4761 Labadie							
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)													
MEDICAL CERTIFICATION													
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Staghorn Calculi										INTERVAL BETWEEN ONSET AND DEATH Undt			
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.													
ii. OTHER SIGNIFICANT CONDITIONS Uremia													
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) _____							
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? 602X							
22. I hereby certify that I attended the deceased from Mar. 15, 1954 , to May 4, 1954 , that I last saw the deceased alive on May 4, 1954 , and that death occurred at 11:40 am. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) William J. J. J.						23b. ADDRESS M. D. 2601 N. Whittier			23c. DATE SIGNED 5/5/54				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/8/54		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis Missouri						
DATE REC'D BY LOCAL REG. MAY 7 1954		REGISTRAR'S SIGNATURE J. Carl Smith				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Houston, 2616, No. Garrison Ave.							

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.....
Signature of Student Embalmer

Signed... *Leroy H. Bannister*

Licensed Embalmer No. 450

P. O. Address 3880 E.....

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.