

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021426

FILED VS JUN 8 1960

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4783

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>Times Beach</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>123 Riverview Drive</b>

3. NAME OF DECEASED (Type or print) First <b>Gary</b> Middle <b>Everett</b> Last <b>Reynolds</b>	4. DATE OF DEATH Month <b>5</b> Day <b>5</b> Year <b>60</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-4-60</b>	9. AGE (last birthday)	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR. Hours <b>43</b> Min. _____
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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 (City and state or country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Herbert Alfred Reynolds</b>	13b. MOTHER'S MAIDEN NAME <b>Jolene Laura Jane Waltman</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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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>None</b>	17. INFORMANT <b>Jolene Reynolds - 123 Riverview Drive</b>	Address <b>Times Beach, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Anoxia</b>		<b>4 hrs 43 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>prematurity</b>	
	DUE TO (c) <b>fluid aspiration</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) <b>Spontaneous delivery on the way to the hospital</b>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **5-4-60 at 10:20 PM** to **5-4-60 at 11:30 PM** and last saw her/him alive on **5-5-60 at 1:00 AM**  
Death occurred at **2:58 AM May 5, 1960** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Dr. Daniel Suron</b> (Degree or title)	22b. ADDRESS <b>1325 S. GRAND BLVD.</b>	22c. DATE SIGNED <b>5-5-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>5/6/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
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24. FUNERAL DIRECTOR <b>McLaughlin, 2301 Lafayette(4)</b>	25. DATE RECD. BY LOCAL REG. <b>MAY 6 1960</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>
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St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

