

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 9 1961

318

1003

886

61-003570  
STATE FILE NUMBER

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

AMENDED

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		Length of stay in 1b <u>3 Weeks</u>		c. CITY OR TOWN <u>Belleville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>7009 W. Main Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>HERBERT</u> Middle <u>KENNETH</u> Last <u>REYNOLDS</u>				4. DATE OF DEATH Month <u>JANUARY</u> Day <u>27</u> Year <u>1961</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2/21/1903</u>		9. AGE (last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>6</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner &amp; Operator</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Seed &amp; Com. Co.</u>		11. BIRTHPLACE (City and state or country) <u>East St. Louis, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>G.W.T. Reynolds</u>				13b. MOTHER'S MAIDEN NAME <u>Emily Blanche Carson</u>				14. NAME OF HUSBAND OR WIFE <u>Marguerite Reynolds</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT <u>Marguerite Reynolds</u>		Address <u>7009 W. Main Belleville</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINOMATOSIS</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2 MONTHS</u>			
DUE TO (b) <u>ADENOCARCINOMA OF TRANSVERSE COLON</u>										<u>2 1/2 YEARS</u>			
DUE TO (c) <u>153.1</u>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										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			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____				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 _____					
21. I attended the deceased from <u>AUG. 12, 1958</u> to <u>JAN. 27, 1961</u> and last saw him alive on <u>JAN. 27, 1961</u> Death occurred at <u>12:30 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>C. O. Vermeilba, M.D.</u> (Degree or title)						22b. ADDRESS <u>BARNES HOSPITAL</u>			22c. DATE SIGNED <u>1/27/61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/30/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>			23d. LOCATION (City, town, or county) <u>Belleville, Illinois</u> (State)						
24. FUNERAL DIRECTOR <u>KURRUS FUNERAL HOME, E. St. Louis, Ill.</u> ADDRESS _____				25. DATE RECD. BY LOCAL REG. <u>JAN 30 1961</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>							

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**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. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.

*Not Embalmed*  
*Charles Krumm*