

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017180

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4105

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEATH MAY 1 1962

1. **PLACED AT DEATH**
 a. COUNTY ---
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 2 yr 5 mo.
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 6188 McPherson Ave. Reside on Farm Yes No

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY ---

3. **NAME OF DECEASED** (Type or print) First Grace Middle Lee Last Reynolds 4. **DATE OF DEATH** Month April Day 18, Year 1962

5. **SEX** F 6. **COLOR OR RACE** W 7. **Married** Never Married Widowed Divorced 8. **DATE OF BIRTH** 10/4/79 9. **AGE** (last birthday) 82 IF UNDER 1 YEAR Months --- Days --- IF UNDER 24 HR Hours --- Min. ---

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) --- 10b. **KIND OF BUSINESS OR INDUSTRY** --- 11. **BIRTHPLACE** (City and state or country) Wentzville, Mo. 12. **CITIZEN OF WHAT COUNTRY** U.S.A.

13a. **FATHER'S NAME** Fred W. Lee 13b. **MOTHER'S MAIDEN NAME** Drusilla Musick 14. **NAME OF HUSBAND OR WIFE** Ernest G. Reynolds

15. **WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) no 16. **SOCIAL SECURITY NO.** none 17. **INFORMANT** Masonic Home of Mo. 5351 Delmar Blvd. *Louis Robertson* Address ---

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
 PART I. **DEATH WAS CAUSED BY:**
 IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION INTERVAL BETWEEN ONSET AND DEATH 4 WKS
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE 2 MOS
 DUE TO (c) ARTERIOSCLEROSIS, GENERALIZED 2 MOS
 PART II. **OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH** but not related to the terminal disease condition given in PART I (a) 4200
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. **WAS AUTOPSY PERFORMED?** YES NO 20a. **ACCIDENT** **SUICIDE** **HOMICIDE** 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** NOT WHILE AT WORK 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 FEB. 13, 1962 to APRIL 18, 1962 and last saw her/him alive on APRIL 18, 1962
 Death occurred at 3:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) Robert A. Hall, M.D. 22b. **ADDRESS** 5351 DELMAR, ST. LOUIS 12, MO. 22c. **DATE SIGNED** APR 19, 1962

23a. **BURIAL, CREMATION, REMOVAL** (Specify) Removal 23b. **DATE** 4/20/62 23c. **NAME OF CEMETERY OR CREMATORY** Oak Grove Cemetery 23d. **LOCATION** (City, town, or county) (State) St. Louis County, Mo.

24. **FUNERAL DIRECTOR** C. R. Lupton & Sons ADDRESS 7233 Delmar, 25. **DATE RECD. BY LOCAL REG.** APR 20 1962 26. **REGISTRAR'S SIGNATURE** Loan Smith, M.D.

VS 300 Rev. 4/59
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

86

*Signed on
City Name*

Permitted

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 *Arnold W. Schoene*

Licensed Embalmer No. 3864
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.