N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

899

FEB 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

152

Do not use this space.

791 2/1

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 8

(c) City St. Louis Mo. (d) Street No. 5069 Raymond Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joanna A. Reynolds 543

(a) Residence, No. 5069 Raymond Ave. St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George A. Reynolds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-5-1868

7. AGE: YEARS 69 | MONTHS 0 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: house-wife
9. Industry or business in which work was done, as saw mill, bank, etc.: 2
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): East St. Louis Ill. 7

FATHER
13. NAME: Thomas Ryan 31
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Jack Reynolds 7520 Stratford Ave. U. City

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellefontaine DATE: Jan. 3. 1938

19. FUNERAL DIRECTOR (ADDRESS): Alexander + Sons. 6175 Delmar Blvd.

20. FILED JAN 1 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-31-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1937, to Dec 31, 1937

I last saw her alive on Dec 31, 1937. Death is said to have occurred on the date stated above, at 1030 A.m.

The principal cause of death and related causes of importance were as follows:

Coronary sclerosis
Coronary Thrombosis
chronic myocarditis

Date of onset

Other contributory causes of importance:
Diabetes mellitus

Name of operation: no Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Eugene J. O'Malley, M. D.

(Address) Missouri Bldg. St. Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

3-6 P.M. Jul. 9/14

STATEMENT BY LICENSED EMBALMER

I, Jos. E. McCulloh, Licensed Embalmer No. 2460

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. ..... by Ernst Oltman, Registered Apprentice No. ——

working under my personal supervision.

Signed Jos. E. McCulloh

Licensed Embalmer No. 2460

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)