

REC'D APR 11 1938

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

8509

Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital 791
 (a) County..... / Registration District No.....
 (b) Township..... / Primary Registration District No..... **1003**
 (c) City St. Louis (d) Street No. 2601 N Whittier 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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME William Reynolds 543
 (a) Residence, No. 2145 Walnut St. 22 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

- | | | | | |
|---|------------------------------|---|-------------------|--|
| 3. SEX
<u>M</u> | 4. COLOR OR RACE
<u>C</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED
(write the word)
<u>Single</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
----- | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 3, 1869</u> | | | | |
| 7. AGE | YEARS
<u>68</u> | MONTHS
<u>11</u> | DAYS
<u>18</u> | IF LESS than 1 day, hrs. or min. |

- | | | |
|------------|--|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. | <u>Cook</u> |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. | |
| | 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)
- Mississippi

- | | | |
|--------|--|------------------------------|
| FATHER | 13. NAME | <u>William Reynolds, Sr.</u> |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>Mississippi</u> |

- | | | |
|--------|--|----------------|
| MOTHER | 15. MAIDEN NAME | <u>unknown</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>unknown</u> |

17. INFORMANT (ADDRESS)
- Evelyn Hilliard 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
- St. Louis 28 38

19. FUNERAL DIRECTOR (ADDRESS)
- W. K. Kauter 3500 Ridge

20. FILED
- MAR 1 1938
- J. P. Brudwick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21 1938
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1937 to Feb. 21, 1938
 I last saw him alive on Feb. 21, 1938. Death is said to have occurred on the date stated above, at 8:45p m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of the palateDate of onset
12/22/37Other contributory causes of importance:
Metastases to lungsName of operation..... Date of.....
What test confirmed diagnosis: clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (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?
 If so, specify.....
 (Signed) Joseph M. Walker, Jr., M. D.
 (Address) 2601 N Whittier

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

heréby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

_____ Licensed Embalmer No. _____

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.)