No. 2
-11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20070

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 5018

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 7928 Pennsylvania
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits write "RURAL")

(d) Street No. 7928 Pennsylvania
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Patrick G. Reynolds 54

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephina Reynolds.

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased August 13, 1876
(Month) (Day) (Year)

8. AGE: Years 63. Months 9 Days 24 If less than one day hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Store Keeper

11. Industry or business

FATHER
12. Name Valentine Reynolds
13. Birthplace Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Monahan
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Josephine Reynolds
(b) Address 7928 Pennsylvania

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-40. (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Broadway

19. (a) JUN 8 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th year 1940 hour 11:55 minute ~~P.~~ p. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Cerebral Apoplexy;

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work?

(e) Means of injury

23. Signature Alfred J. Feery (M. D. or other)

Address Clayton, Mo. Date signed 6/8/40

(Licensed Embalmer's Statement on Reverse Side)

Corner

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo

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

If this body is not embalmed, above space should be left blank.