

No. 2  
13-40  
17-35  
X2

DEPARTMENT OF COMMERCE

BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33794

State File No.

Registrar's No.

8491

Registration District No.

Primary Registration District No.

791

1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 5129 Lotus Ave. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5129 Lotus Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11  
year 40 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from Feb 8, 1938, to Oct 11, 1940,  
that I last saw him alive on Oct 10, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Chronic myocarditis 2 1/2 yrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
6 days  
3 1/2 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Willis B. Reynolds

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Martha Reynolds 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. Dec. 17 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 9 24 hr. min.

9. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith 0

11. Industry or business Retired 0

MOTHER FATHER { 12. Name Jasuan Reynolds

13. Birthplace Ky. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth McKean

15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Reynolds

(b) Address 5129 Ashland Ave.

17. (a) Burial (b) Date thereof 11-14-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) OCT 14 1940 (b) J. B. Audick  
(Date received local registrar) (Signature)

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Helen Cameron (M. D. or other)

Address 508 N. Grand Blvd. Date signed 10/12/40

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

West Vietnam  
1-3 P.M. J

**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.....

*A. R. Thompson*

Registered Apprentice No. *248*

working under my personal supervision.

Signed.....

*R. M. Sanford*

Licensed Embalmer No. *5273*

P. O. Address.....

*Thouis*

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

**If this body is not embalmed, fact should be so stated above.**