

Registration District No. 791

Primary Registration District No.

Registrar's No.

PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 mo.
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Wm. Reynolds Jr.

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

4. Sex Male 5. Color or race Wht. 6. (a) Single, Married, Divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased 8-16-39
(Month) (Day) (Year)

8. AGE: Years 1 Months 1 Days 28 If less than one day hr. _____ min. 0

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

10. Usual occupation _____

11. Industry or business _____

12. Name EVERETT REYNOLDS

13. Birthplace AVA, MO. (City, town, or county) (State or foreign country)

14. Maiden name AGNES FOREST

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

16. (a) Informant J. Blum

17. (a) BURIAL (b) Date thereof 10-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Shepard Funeral Home

19. (a) OCT 15 1940 (b) J. Blum
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County (unknown)
(c) City or town Avon, Mo. NR
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 14
year 40 hour 2 minute p. M.

21. I hereby certify that I attended the deceased from 8-27-40 to 10-14-40
that I last saw him alive on 10-14-40
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Broncho Duration 2 days

Due to _____

Due to 107a

Other conditions Chronic bilateral suppurative otitis media 20 mo

Major findings: Of operations _____

Of autopsy _____

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 Henry Shepard (M. D. or other) MD

Address 500 So Kingshighway Date signed 10/14/40

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

NOV 16 1940

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 *G. W. Wilkins*

Licensed Embalmer No. 3575

P. O. Address.....

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