S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35822

Registration District No. 318 — Primary Registration District No. 1002 — Registrar's No. 9282

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 12

(c) City or town St. Louis 4 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5729 Dale Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Etta Reynolds

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March (Month) 3rd (Day) 1885 (Year)

8. AGE: Years 57 | Months 8 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace Rockwood (City, town, or county) Tennessee 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Polson
13. Birthplace (City, town, or county) Ky. 1 (State or foreign country)

MOTHER
14. Maiden name Ellen Bice
15. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant Allen Reynolds
(b) Address 5729 Dale ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) NOV 6 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4, year 1942 hour 5:20 minute P. M.

21. I hereby certify that I attended the deceased from October 13, 1942 to November 4, 1942 that I last saw her alive on November 4, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitus	
Due to Hemiplegia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy refused	

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 Laeus G. Neudorff M.D. or other
Address 1515 Lafayette Avenue, Date signed 11/5/42

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin D. McDermott

Licensed Embalmer No.....

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, fact should be so stated above.