S. No. 2
1—9-4-41
5-17-39
X28464

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8718

State File No. 8718

FILED APR 3 1943

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2851

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:
ENROUTE TO CITY HOSPITAL #1.—
(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 Missouri (b) County 000 17
(c) City or town St. Louis 95
(If outside city or town limits, write "RURAL")
(d) Street No. 6025 a Etzel Avenue.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William J. Reynolds
3. (b) If veteran, name war
(c) Social Security No. 498-09-2380

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 15 (Day) 1915 (Year)

8. AGE: Years 27 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Leeton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Business Agent
11. Industry or business Retail Clerks Union #655
FATHER
12. Name J. O. Reynolds
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nelle W. Garrett
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. J. O. Reynolds
(b) Address 6025 a Etzel Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg, Mo.
18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue.
19. (a) MAR 25 1943 (Date received local registrar) (b) J. F. Budreck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22 year 1943 hour 6 minute 10 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: Internal and External Hemorrhage following Gunshot wound of Aorta and Trachea at the Hands of Party or Parties Unknown at Carpenters Hall 1411 No Grand Blvd Death 6 Pm 3-17-43 — Duration

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) Homicide
(b) Date of occurrence 3-17-43
(c) Where did injury occur? St Louis (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Carpenters Union Hall (Specify type of place)
While at work? yes (e) Means of injury Gun shot wound
23. Signature (M. D. or other)
Address Date signed 3/25/43

(Licensed Embalmer's Statement on Reverse Side)

SEP 13 19

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.....

Licensed Embalmer No.....3575

P. O. Address.....

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

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