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S. No. 2  
M-5-42  
7-5-17-39  
DOI 7327

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 713

FILED APR 15 1943

Registration District No. 784 Primary Registration District No. 117

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
211 SPENCER RD. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether  
In this community 23 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL")

(d) Street No. 211 SPENCER RD.  
(If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM HENRY REYNOLDS

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day March  
year 1943 hour 2 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 23 to March 23, 1943  
that I last saw h. li alive on March 23, 1943  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife ADDIE REYNOLDS alive \_\_\_\_\_ years

6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased AUGUST-10-1862  
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis

Due to Arterio-sclerosis

Due to General

Other conditions (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>7</u>	<u>13</u>	<u>—</u> hr. <u>—</u> min.

9. Birthplace LINCOLN Co. MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER - RETIRED

11. Industry or business \_\_\_\_\_

12. Name WOODSON REYNOLDS

13. Birthplace PARIS KENTUCKY  
(City, town, or county) (State or foreign country)

14. Maiden name SARAH JAMISON

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

16. (a) Informant W. H. Reynolds

(b) Address 211 SPENCER RD.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR-26-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation OAKHILL CEMETERY

18. (a) Signature of funeral director Parthen and Co.

(b) Address WEBSTER GROVES MO.

19. (a) 3-26-43 (Date received local registrar)

(b) Dr. W. H. Reynolds (Registrar's signature)

PHYSICIAN

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

Of autopsy 9/4/43

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? \_\_\_\_\_

23. Signature Carl C. [unclear] (Specify type of place) (e) Means of injury \_\_\_\_\_

Address Webster Groves Mo Date signed 3-25-43

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**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 B. B. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves, Mo.

**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.**