S. No. 2
OM—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19960

LED JUN 19 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 5359

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution: Homer G. Phillips Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether

In this community 9 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Missouri (b) County

(c) City or town St. Louis, 7 22 (If outside city or town limits, write "RURAL")

(d) Street No. 506 South Jefferson (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles Reynolds

3. (b) If veteran, name war None

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race Col

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

6. (b) Name of ~~husband~~ or wife Sarah

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

7. Birth date of deceased Oct (Month) 20 (Day) 1863 (Year)

8. AGE: Years 79 Months 7 Days 17 If less than one day hr. min.

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

10. Usual occupation Labor - Farmer

11. Industry or business

FATHER
12. Name West Reynolds
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNK.
15. Birthplace UNK. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Laura Roashe

(b) Address 506 So. Jefferson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/43 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Greenwood Cemetery

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

(b) Address 215 So. Jefferson

19. (a) JUN 11 1943 (Date received local registrar) (b) J. Bredert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7, year 1943 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 31, 1943, to June 7, 1943 that I last saw him alive on June 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	Unk.
Chr. Nephritis	Unk.
Due to	
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)

(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 S. E. Smith (M. D. ~~or other~~)

Address 2601 Whittier Date signed 6/10/43

(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 S. J. Watson

Licensed Embalmer No. 2691

P. O. Address 2769 Chouteau

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.