

FILED DEC 22 1943
Registration District No. 318

Primary Registration District No. 1003

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

1. 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. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 40 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County 119
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4219 W. N. Market
(If rural, give location)
(e) Citizen of foreign country? + (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

MARY B. Reynolds

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race 3 col 6. (a) Single, widowed, married, divorced 2 widowed

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

7. Birth date of deceased July 4 1891
(Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation House Keeper

11. Industry or business

12. Name John Gunn

13. Birthplace Miss 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary

15. Birthplace Miss 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Beard

(b) Address 1302 Writter

17. (a) Burial (b) Date thereof 12-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. W. Wood

(b) Address 2769 Chouteau

19. (a) DEC 10 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th year 1943 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec 4 to Dec 7 1943 that I last saw her alive on Dec 7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1 Month

Due to Arteriosclerosis

Due to N

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy 92 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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Margaret H. Little (M. D. or other) MD

Address 3167 Sheridan Date signed 12-5-43

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.....

J. J. Watson

Licensed Embalmer No. *2648*

P. O. Address *2769 Chontean*

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.