

U.S. No. 2
FORM-543
Rev. 5-17-39
I X38671

15122

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 10 1946
Registration District No. 318

Primary Registration District No. _____

Registrar's No. 3882

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
City Hospital #1 0
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 1736 Waverly Place
(If rural, give location)

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

3. (a) PRINT FULL NAME RAY RENO

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 26, 1907
(Month) (Day) (Year)

8. AGE: Years 39 Months 0 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Engineer

11. Industry or business George Reno

12. Name George Reno

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

14. Maiden name Anna Bell

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

16. (a) Informant Mrs Anna Reno

(b) Address 1812 Lafayette Avenue

17. (a) Burial (b) Date thereof April 30 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Wm C. Moytall

(b) Address 1926 Allen Avenue

19. (a) APR 29 1946 (Date received on file)
J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th
year 1946 hour 1 minute 30A. 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 _____

From stenocardium
from stibiford of heart
disrupted with knife in the
hand of one Arthur the Wilson
at Mississippi & Sugar Ave
around 1:20 a.m. April 27 1946

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 167

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 April 27 1946

46 Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public street

While at work? _____ (Specify type of place)

(c) Means of injury Co driver

23. Signature Patricia E Taylor, Dep Cor (of Coroner)
Address 1300 Clark Date signed 2-4-50

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

14982

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..... *Benj. C. Duncan*

Licensed Embalmer No..... 2272

P. O. Address..... 1926 Allen Avenue

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.