

S. No. 2
-12-45
5-17-39
X47070

FILED NOV 27 1946

Registration District No. **317**

Primary Registration District No. **3062**

Registrar's No. **3228**

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

1. PLACE OF DEATH:

(a) County ~~8707 Grace Ave.~~ **St Louis**

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

(c) Name of hospital or institution:
8708 Grace Ave /
(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) **38 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St Louis** **96**

(c) City or town **Brentwood** **9**
(If outside city or town limits, write "RURAL")

(d) Street No. **8707 Grace Ave.** **1**
(If rural, give location) **0**

(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME **Rush Filbert Reynaud.**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **709-09-9091**

4. Sex **Male** **2**

5. Color or race **negro**

6. (a) Single, widowed, married, divorced, **seperate**

6. (b) Name of husband or wife **Elizabeth Reynaud**

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

7. Birth date of deceased **April 10, 1884**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	8	10	hr. min.

9. Birthplace **Marksville, La.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Mechanic**

11. Industry or business **Pullman Company.**

MOTHER FATHER

12. Name **Victor Reynaud**

13. Birthplace **Marksville La.**
(City, town, or county) (State or foreign country)

14. Maiden name **Corrine Beridon**

15. Birthplace **Marksville, La.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Abner Hopkins**

(b) Address **8722 Grace Ave.**

17. (a) **Burial** (b) Date thereof **11/23/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**
C.W. Roberts

18. (a) Signature of funeral director.....

(b) Address **1436 N. Taylor Ave**

19. (a) **11-31-46** (b) **Proth & Allen**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **20** day **Nov**
year **1946** hour **4:30** minute **A** . M.

21. I hereby certify that I attended the deceased from **11/8** 19**46**, to **11/20** 19**46**
that I last saw him alive on **11/20/46** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute myocarditis**

Due to **Palmonary Infection**

Due to **Acute Respiratory Infection**

Other conditions **Hypertension**
(Include pregnancy within 3 months of death) **Stenocardia**

Major findings:
Of operations.....

Of autopsy **2nd**

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? **2nd**
(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) (e) Means of injury **0**

23. Signature **P. L. Reynaud** (M. D. or other) **0**
Address **1436 N. Taylor Ave** Date signed **11/29/46**

NOV 27 1946

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13. 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.