

No. 2
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X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41823**
Registrar's No. **382**

Registration District No. **316** Primary Registration District No. **4461**

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

1. PLACE OF DEATH:
 (a) County **St. Francois County**
 (b) City or town **Bismarck, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bismarck, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Gas**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1042 Loughborough**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Herbert R. Reynolds**
 3. (b) If veteran, name war **None** 3. (c) Social Security No.
 4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Margaret Reynolds** 6. (c) Age of husband or wife if alive **52** years
 7. Birth date of deceased **October 31, 1892**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **December** day **6th**
 year **1946** hour **9** minute **05 P.M.**
 21. I hereby certify that I attended the deceased from **27 Feb.** 19**46** to **6 Dec.** 19**46**
 that I last saw him alive on **4 Dec.** 19**46**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	54	1	6	hr. min.

Immediate cause of death **Coronary occlusion** **1 MO. +**
 Due to **Valvular Heart Disease** **10 MO. +**
 Due to.....

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Railroad Engineer**
 11. Industry or business **Mo. Pac. R. R.**
 12. Name **James Reynolds**
 13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary Wier**
 15. Birthplace **Unknown** **0**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
 Major findings: **93D**
 Of operations.....
 Of autopsy.....

MOTHER FATHER

16. (a) Informant **Mrs. Margaret Reynolds**
 (b) Address **1042 Loughborough**
 17. (a) **Burial** (b) Date thereof **12-9-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Mt. Hope Cemetery**
 18. (a) Signature of funeral director **Southern Funeral Home**
 (b) Address **6322 S. Grand, St. Louis, Mo.**
 19. (a) **12-9-46** (b) **Ether Rudloff**
(Date received local registrar) (Registrar's signature)

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) (2) Means of injury
 23. Signature **William J. McNamee** (M. D. or other) **M.D.**
 Address **3615 S. Grand** Date signed **12/9/46**

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
1246-298
12-16-46

DEC 20 1946

Dr. Mc Namel
3615 S. Grand

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. Wm. Binkley*
Licensed Embalmer No. 3653
P. O. Address *H. Louis. 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.