

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 25 1946**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

File No. **42864**  
Registrar's No. **10943**

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis, Missouri**  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4214 San Francisco Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4214 San Francisco Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Savanah Reynolds**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Negro**  
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 **October 2, 1880**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**66** **2** **15** hr. min.

9. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business.....

12. Name **Jordan Reynolds**  
13. Birthplace **Tallulah, La**  
(City, town, or county) (State or foreign country)

14. Maiden name **Corenthia Shelby**  
15. Birthplace **Lousiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Beatrice Cooper**  
(b) Address **4214 San Francisco**

17. (a) **Burial** (b) Date thereof **12/23/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **C. W. Roberts**  
(b) Address **1416 N. Taylor Ave**

19. (a) **DEC 20 1946** (b) *[Signature]*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec**, day **17**, year **1946** hour **9:40** minute **0** M.  
21. I hereby certify that I attended the deceased from **Nov 17** to **Dec 17**, 19**46**  
that I last saw her alive on **Dec 17** and that death occurred on the date and hour stated above

Immediate cause of death **Apoplexy with Diabetes Mellitus**  
Duration

Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death) **U**

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?

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

23. Signature *[Signature]* (M. D. or other)  
Address **2092 Jefferson** Date signed **12/20/46**

(Licensed Embalmer's Statement on Reverse Side)

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

41070

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**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 Walter E. Culkin

Licensed Embalmer No. 4195

P. O. Address St. Louis 137th

**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. .