

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11978
Registrar's No. 691

Registration District No. 312

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town DALLWIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PINE CREST HOMES 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 120/47 (Specify whether years, months or days) 3/24/47

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS 96
(c) City or town SAPPINGTON 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME REYNOLDS GEO T.
3. (b) If veteran, name war. No.
3. (c) Social Security No.

4. Sex M O 5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Anabel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUG 10 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 7 14 hr. min.

9. Birthplace EXETER NEW HAMPSHIRE
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

11. Industry or business
12. Name Unknown Geo. Reynolds
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Anna Anderson
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Larry Reynolds
(b) Address Sappington, Mo
17. (a) Burial 11 (b) Date thereof 3/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Ex. Cemetery

18. (a) Signature of funeral director Louis H. Poppe, Jr.
(b) Address 131 N. Argonne Dr. Kirkwood
19. (a) 3-27-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MARCH day 24
year 1947 hour 9: minute 50 P.M.
21. I hereby certify that I attended the deceased from January 20 1947 to March 24 1947
that I last saw him alive on March 23 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Due to 93
Due to
Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
PHYSICIAN

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 R. D. Janney (M. D. or other)
Address Manchester Mo Date signed 3/25/47

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

620

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 Peter B. Dubouillet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights

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.