S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13928

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Jefferson County
(b) City or town Hillsboro
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cedar Grove Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks. about (Specify whether
In this community 2 wks about
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Pine Lawn 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3709 Minola 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME Lizabeth Reynolds

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Oscar A. Reynolds
6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 26 (Day) 1862 (Year)

8. AGE: Years 84 Months 6 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Fairfield
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Ross
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Hazel Lowenstein
(b) Address 8312 Coral Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 3/27/47 (Date received local registrar) (b) Kathleen Marsden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1947 hour 3 minute P M.

21. I hereby certify that I attended the deceased from March 22, 1947, to March 23, 1947, that I last saw her alive on March 22, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senility, with senile dementia	a year or more
Due to: Infirmities of old age	a year or more
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 16 J.B.
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Thomas A. Donnell (M. D. or other) M D
Address DeSoto, Mo. Date signed 3-24-47

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(Licensed Embalmer's Statement on Reverse Side)

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.....No Embalm.....

*Licensed Embalmer No.....

P. O. Address.....

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.