No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43425

FILED DEC 22 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 14324

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3602a N. 14 Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 26 3602a N. 14th St. 9
(If rural, give location) 10

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ida G. Reynolds

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Truman Reynolds

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

7. Birth date of deceased Feb. (Month) 12 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	9	28	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Elijah Williams
13. Birthplace Standell (City, town, or county) Indianna (State or foreign country)

MOTHER
14. Maiden name Hannah Pate
15. Birthplace Mt. Carmel (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Joseph Williams Shank
(b) Address 3324 Williams Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Belleville Ill.

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th St.

19. (a) DEC 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th year 1947 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan. 1946 2 19 to Dec. 10 1947 that I last saw her alive on Dec. 8 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Sigmoid with	2 yrs
Due to: metastases	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1946 - resection sigmoid had
Of autopsy recurrence

PHYSICIAN

Underline the cause of 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

23. Signature D. J. Verda (M. D. or other)

Address 4500 Olive St Date signed 12-10-47

Jefferson City Printing Co. (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 Neville B. Grohwiller

Licensed Embalmer No. 3696

P. O. Address 3924 N. 20th St

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.