

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 7 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **R83919**
Registrar's No. **1949**

Registration District No. **317**

Primary Registration District No. **3063**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **CLAYTON**
(c) Name of hospital or institution: **St. Louis Co. Hospital**
(d) Length of stay: **2 days 19 hrs.**
In this community **9 yrs**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **St. Louis**
(c) City or town **MAPLEWOOD**
(d) Street No. **1809 BEEBEE**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **SALLIE REYNOLDS**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **Col.**
6. (a) Single, widowed, married, divorced **SEP. 1**
6. (b) Name of husband or wife **JAMES REYNOLDS**
6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **SEPT. 14 1880**

8. AGE: Years **67** Months **11** Days _____
If less than one day hr. _____ min. _____

9. Birthplace **NORTH CAROLINA**

10. Usual occupation **NONE**

11. Industry or business _____

12. Name **UNKNOWN**
13. Birthplace **UNKNOWN**
14. Maiden name **UNKNOWN**
15. Birthplace **UNKNOWN**

16. (a) Informant **HOSPITAL RECORDS**
(b) Address **601 So. Brentwood**
17. (a) **Burial** (b) Date thereof **9-18-48**
(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Geo. Bruce**
(b) Address **4469 Washington Ave.**
19. (a) **Aug 18 1948** (b) **Cecil A. 2. Sharp, Jr.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **AUG.** day **14**
year **1948** hour **6** minute **25** M.
21. I hereby certify that I attended the deceased from **AUG. 11**
11:45 AM. 1948 to **AUG. 14** 1948
that I last saw her alive on **AUG. 14** 1948
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis and Hypertensive Cardiovascular disease**
Due to **General arteriosclerosis**
Due to **Myxomatous nodular joint**
Other conditions **93**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **Wm. B. Hand M.D.** (M. D. or other) _____
Address **601 Brentwood Blvd.** Date signed **8/14/48**

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

MOTHER FATHER

96
53
1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Frederick P. Stark

Licensed Embalmer No. 4599

P. O. Address St. Louis 13

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.