S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41775

Primary Registration District No. 1005

Registrar's No. 10719

1. PLACE OF DEATH:

(a) County

(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: 6616 Alabama Ave., /
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 7133 Alabama Ave., /
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George M. Reynolds

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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 February 2, 1878
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 7 If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business

FATHER
12. Name Valentine Reynolds
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Monahan
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. James V. Reynolds /
(b) Address 7318 Michigan Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.,

19. (a) DEC 11 1948 (Date received local registrar) (b) J B Koester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th
year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 29 April, 1947, to December 9, 1948; that I last saw him alive on Thursday, 9 Dec., 1948; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cardiac failure — 1½ years

Due to Aortic Regurgitation

Due to

Other conditions Renal Pathology
(Include pregnancy within 3 months of death)

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? (Specify type of place)

While at work? (e) Means of injury /

23. Signature James V. Reynolds (M. D. or other) DC.

Address 7318 Michigan Date signed 12-10-48

(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 J. Wm Binkley

Licensed Embalmer No. 3653

P. O. Address St Louis, Mo.

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.