

FILED APR 27 1949

STANDARD CERTIFICATE OF DEATH

State File No. 14085
3325

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) 4986 Magnolia Ave.,	

3. NAME OF DECEASED (Type or Print)	a. (First) Juliette	b. (Middle) Reynolds	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
				April 11, 1949

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 17, 1878	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 6 Days 24	IF UNDER 12 HRS. Hours Min.
---------------	------------------------	--	---------------------------------	------------------------------------	----------------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY?
---	--	---	------------------------------

13a. FATHER'S NAME Louis Tesson	13b. MOTHER'S MAIDEN NAME Mary Kocian	14. NAME OF HUSBAND OR WIFE Fred Reynolds
---------------------------------	---------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Fred Reynolds	ADDRESS 4986 Magnolia
--	------------------------------	---	-----------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). This does not mean the mode of dying, such as blood-poisoning, asphyxia, etc. It means the disease, injury or complication which caused death.)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 7 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Sclerosis 9/4		5 years
	DUE TO (c) Diabetic mellitus 1/27/1		5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Dec 18 1948 to April 11 1949, that I last saw the deceased alive on April 11, 1949, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Martin W. Davis (Degree or title) M.D.	23b. ADDRESS 539 N. Grand Ave	23c. DATE SIGNED 4/13/49
---	-------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-15-49	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.	24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.
--	-------------------	---	---

DATE REC'D BY LOCAL REG. APR 13 1949	REGISTRAR'S SIGNATURE J. B. Fusato	25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home	ADDRESS 6322 S. Grand Blvd.
--------------------------------------	------------------------------------	--	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

No. 300 10-48 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3325

d. m. ...
...

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

David Lee Fosson

Signed.....
Student Embalmer

Licensed Embalmer No. _____

4242

P. O. Address _____

6322 50 Grand

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
City of St. Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 14085

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 26th day of May, 1949, before me appears James J. Fitzgerald, who, upon his oath, states that the original record of ~~MMK~~ death for Juliette Reynolds, died April 11, 1949, 19 , in the State of Missouri, and which was filed at St. Louis, Mo. on 13 April 19 49, should be corrected as follows:

Item No. 3 should read Juliette A. Reynolds

Instead of Juliette Reynolds

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant James J. Fitzgerald Undertaker
Relationship.

6322 S. Grand Blvd.,
St. Louis, Mo. Present Address.

Subscribed and sworn to before me this 26th day of May, 1949

My Commission Expires: December 17, 1950

David [Signature] Notary Public.

