

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21580**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1008		Registrar's No. 5094	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3124 St Vincent				d. STREET ADDRESS (If rural, give location) 3124 St Vincent			
3. NAME OF DECEASED (Type or Print) a. (First) Helen		b. (Middle) W		c. (Last) Reynolds		4. DATE OF DEATH (Month) (Day) (Year) June 10, 1949	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Aug 13, 1856	
9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Jackson, Michigan	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME George W Simpson		13b. MOTHER'S MAIDEN NAME Helen Winchell		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lotta Reynolds 3124 St Vincent			
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 heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Regurgitation + Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arterio-sclerosis				INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs Not known	
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 920		21f. HOW DID INJURY OCCUR? 410X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from June 19, 1946 , to June 10, 1949 , that I last saw the deceased alive on June 7, 1949 , and that death occurred at 2 1/2 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Walter P. Eidenmann M.D.		(Degree or title) _____		23b. ADDRESS 3146 Morganford		23c. DATE SIGNED June 11, 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/13/49		24c. NAME OF CEMETERY OR CREMATORY St Matthews Cemetery		24d. LOCATION (City, town, or county) (State) St Louis, Mo.	
DATE REC'D BY LOCAL REG. JUN 13 1949		REGISTRAR'S SIGNATURE J. B. Baseler		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Ziegenhein & Sons		ADDRESS 7027 Gravois	

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

W. G. Peterson

Licensed Embalmer No.

3767

P. O. Address

7027 Greenwood

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.