

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH **1003**

State File No. **39208**
8993

FILED DEC 6 1949

318

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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 town) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 21- Evangeline Home-1803 Pine St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1803 Pine St.				d. STREET ADDRESS (If rural, give location) 21- Evangeline Home-1803 Pine St.			
3. NAME OF DECEASED (Type or Print) Nellie		a. (First) (also known as Ellen Jane)		b. (Middle) Jane		c. (Last) Reynolds	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married	
8. DATE OF BIRTH Dec. 16, 1893		9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Armour Packing Co.		11. BIRTHPLACE (State or foreign country) East St. Louis, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Thomas Reynolds		13b. MOTHER'S MAIDEN NAME Mollie Burke		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 327-03-2765		17. INFORMANT'S SIGNATURE OR NAME Wm. C. Reynolds, 4209 W. Monroe,		ADDRESS Chicago, Ill.	
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) Hypertensive Cardio-Vascular ANTECEDENT CAUSES Renal Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized arteriosclerosis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH unk unk	
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) 97		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4428			
22. I hereby certify that I attended the deceased from 6/29/1940 , to Nov 13, 1949 that I last saw the deceased alive on 10/24, 1949 , and that death occurred at 11 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE Robert G. ... (Degree or title) _____				23b. ADDRESS Chel Brinn ...		23c. DATE SIGNED Dec 1-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-16-49		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope		24d. LOCATION (City, town, or county) (State) Belleville, Ill.	
DATE REC'D BY LOCAL REG. 11-16-49		REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd. ADDRESS _____			

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

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.