

FILED AUG 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30360**
Registrar's No. **7274**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		e. STREET ADDRESS (If rural, give location) 10 3641 Dodier	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) A. c. (Last) REYNOLDS		4. DATE OF DEATH (Month) (Day) (Year) July 25, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH August 21, 1935
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk		10b. KIND OF BUSINESS OR INDUSTRY Auto- Worker	9. AGE (In years Last birthday) 17 IF UNDER 1 YEAR Months 11 Days 4 IF UNDER 1 HR. Hours 2 Min.
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Robert Reynolds		13b. MOTHER'S MAIDEN NAME Ollie McLain	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Yes.	
17. INFORMANT'S SIGNATURE OR NAME Robert Reynolds, 3641 Dodier, St. Louis, Mo.		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Dislocation of 1st + 2nd Cervical with disarrange of Cord; Fracture of right wrist, suffered in collision between car operated by deceased and car operated by Mrs. Farber on Hwy 61 II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition leading to death None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION about 1145 pm, July 24 1953 (acc)	
21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Woods	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) near Festus Mo 050	INTERVAL BETWEEN ONSET AND DEATH
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 24 53 11:45	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E 8164	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. 26			
23a. SIGNATURE Patrick Taylor Carver (Degree or title)		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 7-25-53			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE July 26, 1953	24c. NAME OF CEMETERY OR CREMATORY Brown's Cemetery	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri
DATE REC'D BY LOCAL REG. JUL 27 1953	REGISTRAR'S SIGNATURE John Smith	25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home, Inc. 2301 Lafayette	
ADDRESS St. Louis, Missouri			

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.....
Signature of Student Embalmer

Signed..... *James R. Chapman*
Licensed Embalmer No... *45*

P. O. Address... *St. Louis*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**