

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3201**  
Registrar's No. **0627**

FILED FEB 2 1954  
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 <b>Missouri</b> b. COUNTY				
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. LENGTH OF STAY (in this place) <b>Life</b>		e. STREET ADDRESS (If rural, give location) <b>18 915 Bartle</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		2189				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Matthew</b> b. (Middle) c. (Last) <b>Reynolds</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 19 1954</b>			
5. SEX <b>2</b> <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>July 8, 1889</b>	9. AGE (In years last birthday) <b>64</b>	10. MONTHS <b>6</b> DAYS <b>11</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Eureka Mills</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Frank Reynolds</b>		13b. MOTHER'S MAIDEN NAME <b>Luvonia Martin</b>		
14. NAME OF HUSBAND OR WIFE <b>Mable Reynolds</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>WWT yes</b>		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME <b>Lucille Ellis</b>		ADDRESS <b>3118a Caroline</b>				
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				INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		DUPLICATE (b) <b>Hypertensive Cardiovascular Disease</b>				
DUPLICATE (c) <b>Arteriosclerosis</b>		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)		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? <b>443x</b>		
22. I hereby certify that I attended the deceased from <b>1-18</b> , 19 <b>54</b> , to <b>1-19</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>1-19</b> , 19 <b>54</b> and that death occurred at <b>11:30p</b> m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <b>Edw B. Williams M. D.</b>		23b. ADDRESS <b>2601 N Whittier St</b>		23c. DATE SIGNED <b>1-20-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1/23/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		DATE REC'D BY LOCAL REG. <b>JAN 20 1954</b>		REGISTRAR'S SIGNATURE <b>Charles J. Gates</b>		
25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates</b>		ADDRESS <b>4107 Finney Ave.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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 *Arthur L. Bulliard*

Licensed Embalmer No. *428*

P. O. Address *45246*

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.