# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 6711

FILED MAR 8 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1892

**1. PLACE OF DEATH**

a. COUNTY: ~~St. Louis, Mo.~~

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.

c. LENGTH OF STAY (In this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Barnes Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)

a. STATE: Missouri

b. COUNTY: 2129

c. CITY OR TOWN: St, Louis

d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0

e. STREET ADDRESS (If rural, give location): 5222a Enright

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**3. NAME OF DECEASED** (Type or Print)

a. (First): Johnnie

b. (Middle): [illegible]

c. (Last): Reynolds

**4. DATE OF DEATH** (Month) 2 (Day) 25 (Year) 1954

**5. SEX:** Male 2

**6. COLOR OR RACE:** Col

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH:** Aug. 15-1914

**9. AGE** (In years last birthday): 39 — 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): Machine Operator

**10b. KIND OF BUSINESS OR INDUSTRY:** Century Electric

**11. BIRTHPLACE** (City and State or Foreign Country): Tenn

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME:** Archi Renolds

**13b. MOTHER'S MAIDEN NAME:** Margrett Bonds

**14. NAME OF HUSBAND OR WIFE:** Emma Jean Reynolds

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** 361-09-5767

**17. INFORMANT'S SIGNATURE OR NAME ADDRESS:** Emma Jean Reynolds 5222a Enright

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Stomach (metastatic) — INTERVAL BETWEEN ONSET AND DEATH: 3-6 yrs.

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) _____

DUE TO (c) _____ X

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 ☒ NO ☐

**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 ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?** 151X

22. *I hereby certify that I attended the deceased from* 1-1- *, 19* 54 *, to* 2-25-54 *, 19* ____ *, that I last saw the deceased alive on* 2-25-54 *, 19* ____ *, and that death occurred at* 3:25 pm. *, from the causes and on the date stated above.*

**23a. SIGNATURE:** C. J. Vermillion, M.D. (Degree or title) MD

**23b. ADDRESS:** Barnes Hospital St. Louis, Mo.

**23c. DATE SIGNED:** 2-26-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE:** Mar. 4. 54

**24c. NAME OF CEMETERY OR CREMATORY:** Washington Park

**24d. LOCATION** (City, town, or county) (State): St Louis County

DATE REC'D BY LOCAL REG. MAR 1 1954

REGISTRAR'S SIGNATURE: J. Earl Smith MD MDB

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J. J. Watson 2769 Shenandoah ave

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 26

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.