

FILED MAR 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10372
Registrar's No. 2597

BIRTH ~~MAR 30 1954~~ 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 Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 4-MON.		e. STREET ADDRESS (If rural, give location) 20 3225 N. Florissant Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of Poor		3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) L. c. (Last) Reynolds	
4. DATE OF DEATH (Month) (Day) (Year) Mar. 20, 1954		5. SEX M. 6. COLOR OR RACE W.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH Jan. 25, 1880	
9. AGE (In years) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Reynolds		13b. MOTHER'S MAIDEN NAME Marguerite Flynn	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sister Jeanne, 3225 N. Florissant Ave.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH ?? ???
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None</i>	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) <i>None</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4222
22. I hereby certify that I attended the deceased from <i>Jan 12, 1954</i> , to <i>March 20, 1954</i> , that I last saw the deceased alive on <i>March 17, 1954</i> , and that death occurred at <i>9:00 p.m.</i> , from the causes and on the date stated above.		

23a. SIGNATURE <i>Sumner A. Lowe M.D.</i>	23b. ADDRESS <i>2435 N. Grand Blvd.</i>	23c. DATE SIGNED <i>3-22-54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Mar. 24, 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>
24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		

DATE REC'D BY LOCAL REG. MAR 22 1954	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	5. FUNERAL DIRECTOR'S SIGNATURE <i>John J. Donnelly</i>	ADDRESS <i>3840 Lindell Blvd.</i>
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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.....
Signature of Student Embalmer

Signed W. S. Sayer.....

Licensed Embalmer No. 469.....

P. O. Address St. Paul.....

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.