

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28380

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>1791</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>Minutes</u>		c. CITY OR TOWN <u>University City</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>8507 Kempland</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Mae</u> c. (Last) <u>Reynolds</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 24, 1955</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 24, 1905</u>		9. AGE (In years last birthday) <u>49 yrs</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Public Service Driver Pub. Ser. Co.</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE: (City and State or Foreign Country) <u>Flat River, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Wm. Reynolds</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Evans</u>		14. NAME OF HUSBAND OR WIFE <u>Osa Viva Reynolds</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WW II</u>		16. SOCIAL SECURITY NO. <u>494-01-1100</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Osa Reynolds 8507 Kempland</u>			
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* (a) <u>Crushing chest injuries with probable internal rupture of thoracic viscera, suffered while operating his automobile west on Olive St. Rd.,</u> DUE TO (b) <u>lost control of car and struck a concrete bridge abutment.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8194</u>	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>University City</u> COUNTY <u>St. Louis</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8/2/55 12:36 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Lost control of car and hit bridge abutment.</u>			
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.							
22a. SIGNATURE <u>Arnold J. Willman</u> (Degree or title) <u>Coroner</u>			23b. ADDRESS <u>Clayton, Mo.</u>			23c. DATE SIGNED <u>8/3/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 4, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jefferson Barr. Natl Cem. St. Louis Co., Mo.</u>		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. <u>8/3/55</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Donke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gleason & Sons 6175 Delmar</u>			

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 *Jos. E. McCulloch*.....

Licensed Embalmer No.....

P. O. Address.....

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.