THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19202

STATE FILE NUMBER

FILED JUN 14 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5354

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Alexian Brothers Hospital — Length of stay in 1b 02

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ✓
c. CITY OR TOWN St. Louis, — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 4523 Nebraska Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Edward Middle James Last Reynolds

4. DATE OF DEATH Month June Day 5, Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH April 14, 1897

9. AGE (In years last birthday) 60 — 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) Maintanence Man

10b. KIND OF BUSINESS OR INDUSTRY Painter

11. BIRTHPLACE (City and state or country) St. Louis, Missouri

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

13. FATHER'S NAME Don't Know

14. MOTHER'S MAIDEN NAME Elizabeth Carlin

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. 490-12-3826

17. INFORMANT Effie Ann Reynolds Address 4523 Nebraska Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Cardiac Fibrillation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Mitral Stenosis
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 5 days several years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 410X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1st to June 5th and last saw her/him alive on June 5-1957
Death occurred at 1:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MDO

22b. ADDRESS 3606 Grains

22c. DATE SIGNED 6/7/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 6/8/57

23c. NAME OF CEMETERY OR CREMATORY SS. Peter and Paul Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR Gebken-Benz Mortuary ADDRESS 2842 Meramec St. St. Louis 18 Missouri

25. DATE RECD. BY LOCAL REG. JUN 7 '57

26. REGISTRAR'S SIGNATURE [signature] MD MPB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ..... Joe B. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Merame
St. Louis 18, Missc

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.