Dr Geo Edwin Cook
1809 N 9th St
5 to 7 P.M.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20031

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 2117a Lynch St St. ..... Ward)

File No. .....

Registered No. 5797

2. FULL NAME John W. Reilly

(a) Residence. No. 2117a Lynch St St., 23 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adeline Reilly

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 29-1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	5	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Packer
(b) General nature of industry, business, or establishment in which employed (or employer) Flour mill
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) London
(STATE OR COUNTRY) England

PARENTS

10. NAME OF FATHER Wm Reilly

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Rachel Sirx

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) London
(STATE OR COUNTRY) England

14. INFORMANT Adeline Reilly
(Address) 2117a Lynch St.

15. FILED JUN 23 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1927, to June 22, 1927 that I last saw him alive on 6-21-1927, and that death occurred, on the date stated above, at 4 A m. 22nd

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach

46 D

44 A (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....

O DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Geo Cook M. D

June 22, 1927 (Address) 1809 No 9th St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Peter & Paul Cemetery	6/24 1927

20. UNDERTAKER	ADDRESS
Adolph L Meyer L. & Co	603 Park av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD