

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

Do not use this space.

38735

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis No. City 1003rd St

File No. _____
Registered No. 11261
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2107 Larch St. 23 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29 1902

7. AGE: YEARS 24 MONTHS 11 DAYS 22 If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Photographer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

10. NAME OF FATHER John D. Reilly

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

12. MAIDEN NAME OF MOTHER Elizabeth Brosten

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

14. INFORMANT Chas. ...
(Address) City 1003rd St

15. FILED DEC 23 1927 Marb Starboff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1927

17. I HEREBY CERTIFY That I attended deceased from Dec 13, 1927 to Dec 21, 1927 that I last saw him alive on Dec 21, 1927 and that death occurred, on the date stated above, at 2 1/2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

171A Acute Generalized Peritonitis
131A
121A

CONTRIBUTORY (SECONDARY) Appendicitis advanced from acute ruptured appendix

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF BIRTH: 1170W

DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 13, 1927
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Robert A. Simpson M. D.
Address City 1003rd 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 A. S. Peter + Paul Cem. DATE OF BURIAL 12-24-1927

20. UNDERTAKER Witt Bros & Co. 2929 1/2 Jefferson ADDRESS

FADING INK---THIS IS A PERMANENT RECORD

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.

Riley -