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

Do not use this space.

22265

WRITE PLAINLY, WITH UNFADING 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.

1. PLACE OF DEATH

County ..... Registration District No. 79K

Township ..... Primary Registration District No. 1005

City St. Louis (No. 3400 Chippewa Street St. Ward)

File No. .....

Registered No. 6448

2. FULL NAME Charles A. Reilly

(a) Residence. No. 3400 Chippewa Street St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... 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 Lillian Ross Reilly

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 4, 1882.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 46 | 4 | 12 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Druggist

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER Robert Reilly.

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

12. MAIDEN NAME OF MOTHER Jennie E. Holtschneider

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

14. INFORMANT Mrs. C. Mary
(Address) 3400 Chippewa Street

15. FILED JUN 18 1928 Mary C. Standley REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...
that I last saw h... alive on ..... 19..., and that
death occurred, on the date stated above, at 8:30 P. m. 8:45 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gun Shot Wound
Chest
(duration) 1 yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Homicide
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 1045
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? .....

6/18 (Signed) J. W. Kemer, M. D.
(Address) Dep. Cor

*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 |
|---|---|
| SS. Peter & Paul Cemetery | June 19, 19 28 |
| 20. UNDERTAKER J. H. Geisen Lbr. Co. | ADDRESS 2842 Meramec |