

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

Do not use this space.

38119

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Metcalfe

Registration District No. 1122
Primary Registration District No. 8248 B

File No. _____
Registered No. 399
St. _____ Ward _____

2. FULL NAME

Sister Adeline Reilly

(a) Residence. No. _____ St. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown 1859</u>		
7. AGE <u>Abt 69</u>	YEARS -	MONTHS -
	DAY -	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Mobile</u> (STATE OR COUNTRY) <u>Alabama</u>		
PARENTS	10. NAME OF FATHER <u>Mr. O'Reilly</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Co. Cork</u> (STATE OR COUNTRY) <u>Ireland</u>	
	12. MAIDEN NAME OF MOTHER <u>Elizabeth Murphy</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Co. Cork</u> (STATE OR COUNTRY) <u>Ireland</u>	
14. INFORMANT <u>Sister M. Remigao</u> (Address) <u>Nazareth Convent</u>		
15. <u>Nov. 29</u> 19 <u>28</u> <u>L.C. Obrock M.D.</u> FILED _____ REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 27 1928

17. Dec 15, 1928, to Nov 27, 1928
that I last saw him alive on Nov 26, 1928, and that death occurred, on the date stated above, at 11:50 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
92A
(duration) not known yrs. mos. da.

CONTRIBUTORY (SECONDARY) 74
(duration) _____ yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS: _____
(Signed) J. J. [Signature] M. D.
, 19 (Address) Jefferson R & Co.

*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 <u>Nazareth Convent</u>	DATE OF BURIAL <u>11/29 1928</u>
20. UNDERTAKER <u>P. Hoffmeister & L. Co. 481 So. B'way</u>	ADDRESS

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.

