

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

Do not use this space.

1. PLACE OF DEATH

County Louis
Township St. Ferdinand
City Frank O'Reilly (No.)

Registration District No. 784
Primary Registration District No. 6030

File No. 7829
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. 5719 Maffett 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. 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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1896!

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 33.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Car Mechanic
(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) Ireland

10. NAME OF FATHER James O'Reilly

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

12. MAIDEN NAME OF MOTHER Bridget Gilcrest

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

14. INFORMANT (Address) Mrs Thomas Nolan 5719 Maffett Ave

15. FILED 2-5-1929 O. M. Schurz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 4, 1929

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 2:10 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Traumatism (automobile accident)
2:10 P.M. (duration) yrs. mos. ds. 2:17

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

18. 1880 WERE DISEASE CONTRACTED (NOT AT PLACE OF DEATH) Flivver & Walnut Roads near Ferguson, Mo.

DID AN OPERATION PRECEDE DEATH? no DATE OF WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy (Signed) John O'Connell, M. D.

2-5-1929 (Address) Forwarder of St. Louis County

*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 Calvary Cemetery DATE OF BURIAL Feb 7 1929

20. UMBERTAKER Chas. L. Geraghty ADDRESS 4822 East Olive

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.

MAR 27 1929

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PERMANENT RECORD

