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.

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

Do not use this space.

791

1003

7295

File No.

Registered No. 1605

1. PLACE OF DEATH

County

Township

City St Louis (No. 4023 Green av St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Mary F. Reilly

(a) Residence. No. 4023 Green av St., 10 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)
Female	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Wm P. Reilly

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 8 - 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	62	9	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(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) Mo 1

PARENTS

10. NAME OF FATHER James D. McGrath

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Connecticut 2

12. MAIDEN NAME OF MOTHER Joana Galway

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Canada 5

14. INFORMANT William P. Reilly
(Address) 4023 Green av

15. FILED FEB - 8 1931 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 7 1931

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to Feb 7, 1931 that I last saw her alive on Feb 5, 1931, and that death occurred, on the date stated above, at 5.55 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Uterus

48

48 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 10 - 1930

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Tissue examination of tumor.

(Signed) Wm J. Langan, Jr., M. D.

Feb 7, 1931 (Address) 5803 Plymouth av.

*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
Calvary cemetery	Feby 10 1931

20. UNDERTAKER	ADDRESS
Cullinane Bros 1710 N Grand Av	

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