

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 3620a
 City St. Louis, Mo. (No. 3620a Alberta St. _____ Ward _____)

30094
 File No. _____
 Registered No. **9164**

2. FULL NAME Lawrence Reiley

(a) Residence, No. 3620 a Alberta 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 <u>Male</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>Mar. 4, 1918</u>		
7. AGE	YEARS <u>13</u>	MONTHS <u>5</u>
	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
FATHER	13. NAME <u>George W. Reiley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Harriett Vanderlippe</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u>	
17. INFORMANT (ADDRESS) <u>George W. Reiley 3620 a Alberta</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Burial</u> DATE <u>8-29-31</u> 19. _____		
19. UNDERTAKER (ADDRESS) <u>Southern Undertakers Co 4635 1/2 Douglas St St. Louis</u>		
20. FILED _____ 19. _____ Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1931, to Aug. 27, 1931. I last saw him alive on Aug. 27, 1931. Death is said to have occurred on the date stated above, at 5 pm. The principal cause of death and related causes of importance were as follows:
Peritonitis
121A
129
121

Other contributory causes of importance:
ruptured appendix
ganglions
no operation

Name of operation _____ Date of _____
 What test confirmed diagnosis? Rutshy Was there an autopsy? XX

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Walter Meyer, M. D.
 (Address) 4961 1/2 Grand Ave

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.

Handwritten text in the bottom right corner, possibly a signature or date, including the number 1944.