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.

31406

SEP 13 1934

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. City Hosp #1 St. ..... Ward)

6610

File No. .....

Registered No. 8722

2. FULL NAME Pierce Reardon

(a) Residence, No. 5536 Palm St. 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23 - 1883

7. AGE YEARS 50 MONTHS 9 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

73

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

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

1

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

15

FATHER

13. NAME Frank Reardon

15

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Catherine O'Brien

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Hosp Inf M Kent City Hosp #1

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Calvary Cemetery DATE Aug. 31 1934

19. UNDERTAKER (ADDRESS) Cullinan Bros. 1710 N. Grand Bl.

20. FILED AUG 30 1934 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/28/34 19

22. I HEREBY CERTIFY, That I attended deceased from 7/23, 1934, to 8/28, 1934

I last saw him alive on 8/28, 1934. Death is said to have occurred on the date stated above, at 8:40 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of pancreas primary

46

Date of onset

Other contributory causes of importance

46

Name of operation Laparotomy Date of 8/11/34

What test confirmed diagnosis? Oper. Was there an autopsy? Yes

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? No.

If so, specify .....

(Signed) [signature], M. D.

(Address) City Hosp #1