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

Do not use this space.

File No. 7490
Registered No. 1925

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. en route City Hosp. #1, ... St. ..... Ward)

2. FULL NAME William Harrison Reardon

(a) Residence, No. 2330 Olive 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

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

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 42			

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

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) Leavenworth Kansas

FATHER

13. NAME William Reardon

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

MOTHER

15. MAIDEN NAME Winnie Karanaugh

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

17. INFORMANT John L. Reardon
(ADDRESS) 4437 No. 20 St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE 3-6- 1935

19. UNDERTAKER C. Hoffmeister & Co.
(ADDRESS) 7814 So. Broadway

20. FILED FEB 27 1935 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

~~No physician in attendance~~

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:05 p. m.

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

	Date of onset
Lobar pneumonia,	
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) [illegible], M. D.
(Address) [illegible]

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD