

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 12 1936

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. **1003**  
City St. Louis (No. St. Anthony's Hospital St. .... Ward) Registered No. **8444**  
**2126**

2. FULL NAME

(a) Residence, No. 3624 Glass St., 18 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albie Reardon  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1<sup>st</sup> 1870  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
66 0 25

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day  
10. Date deceased last worked at this occupation (month and year) ..... Total time (years) spent in this occupation .....

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

MOTHER FATHER  
13. NAME Patrick Reardon

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

15. MAIDEN NAME Julia O'Keefe

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

17. INFORMANT Albie Reardon  
(ADDRESS) 3624 Glass St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Walton DATE 2-28 1936

19. UNDERTAKER Arthur J. Donnelly, Inc.  
(ADDRESS) 3840 Lindbergh Bldg.

20. FILED **FEB 26 1936**  
J. T. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1936, to Feb 26, 1936

I last saw him alive on Feb 25, 1936. Death is said to have occurred on the date stated above, at 10 a.m.

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

Lobar Pneumonia (Date of onset 2/11/36)  
Myocarditis Chronic 2

Name of operation Aspiration of chest Date of 2/25/36  
What test confirmed diagnosis? X-ray Was there an autopsy? No

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) Carl Ochsens M. D.  
(Address) St. Anthony's

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