

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.

APR 11 1936

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

Do not use this space.

791

1003

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No.....
Primary Registration District No.....
(No. 5147 a, Highland ave)

File No. 12764
Registered No. 2814
St. Ward)

2. FULL NAME

Joe L. Reilly
(a) Residence, No. 5147 a Highland St.,

6 Ward.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 1901

7. AGE YEARS 34 MONTHS 6 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rice - O'Neil
10. Date deceased last worked at this occupation (month and year) 7th Feb. 20, 1936 11. Total time (years) spent in this occupation 12

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

13. NAME Edward Reilly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

15. MAIDEN NAME Sarah O'Hay

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

17. INFORMANT Frank Reilly (ADDRESS) 5147 a Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE March 16, 1936

19. UNDERTAKER Cullen & Kelly (ADDRESS) 1416 N. Taylor ave

20. FILED J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1936 to March 12, 1936
I last saw him alive on March 12, 1936 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset March 7, 36

Other contributory causes of importance:
Chronic Interstitial Myocarditis
Pott's Disease of Spine with
Chest deformity Chronic Alcoholic
Name of operation none 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? No
If so, specify
(Signed) Francis J. Canepa, M. D.
(Address) 1237 N. Taylor ave

MAR 14 1936

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Cristina Taylor