

APR 11 1936

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

Do not use this space.

1. PLACE OF DEATH

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

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. *DeLooge Hospital*)

13304  
File No.....  
Registered No. **3389**  
St. .... Ward)

2. FULL NAME

*Edward O'Reilly*

(a) Residence, No. *5837 Cateen Ave.* St. *5* 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 *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) *Mch 25 - 1889*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*47 0 3*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Insurance Salesman*  
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) *St. Louis*

MOTHER FATHER 13. NAME *Robert J. O'Reilly*

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

15. MAIDEN NAME *Agnes Martin*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

17. INFORMANT *Mr. Ralph Stanley*  
(ADDRESS) *5837 Cateen Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Mch 31 1936*

19. UNDERTAKER *Arthur J. Donnelly, U. S. Co.*  
(ADDRESS) *3840 Campbell Ave*

20. **MAR 30 1936** *J. F. Bredeck*  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 28, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Jan. 13, 1936, to March 28, 1936*  
I last saw him alive on *March 28, 1936*. Death is said to have occurred on the date stated above, at *10:30 pm*.

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

*Primary bronchogenic carcinoma (right) with metastases to lungs, lymph glands, axillary chest vessels & bronchial glands.*

Other contributory causes of importance:

*Hypostatic pneumonia about March 28, 1936*  
*Bradachial*

Name of operation..... Date of.....  
What test confirmed diagnosis? *H7* 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? *Uncertain*  
If so, specify.....  
(Signed) *Melvin J. Hughes*, M. D.  
(Address) *Fernis DeLooge Hospital, 1325 South Grand Blvd. St. Louis, Mo.*

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.

