

JAN 10 1937

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

Do not use this space.

46580

1. PLACE OF DEATH

County.....

Township.....

City St. Louis, Mo.
~~SUPPLEMENTARY~~ 791
 Registration District No.
Primary Registration District No. 1003File No. 12371

Registered No.

St. Ward)

2. FULL NAME Edward J. Reilly(a) Residence, No. 5800 Arsenal St., St. 13 Ward.

(Usual place of abode)

City Infirmery

(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)

April 16, 1867

7. AGE

YEARS

69

MONTHS

8

DAYS

0

If LESS than 1 day, hrs. or min.

OCCUPATION

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

R.R. Clerk.

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, Mo.

MOTHER FATHER

13. NAME

Edward Reilly

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

Ireland

15. MAIDEN NAME

Bridget Noonan

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

Ireland

17. INFORMANT (ADDRESS)

Rose Colvin
5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE CalvaryDATE Dec. 18, 1936

19. UNDERTAKER (ADDRESS)

Arthur J. Donnelly Undt. Co
5800 Arsenal St.
Linde 11 Blvd.

20. FILED

DEC 17 1936

19

J. Brudeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 16, 193622. I HEREBY CERTIFY, That I attended deceased from March 15, 1935 to Dec. 16, 1936I last saw him alive on December 16, 1936 Death is saidto have occurred on the date stated above, at 4:10 P.M.

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

CHRONIC MYOCARDITIS

Date of onset

Other contributory causes of importance:

Pulmonary tuberculosis,
inactive

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify.....

(Signed) J. Brudeck, M. D.(Address) 5600 Arsenal

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.

100M-3-28-35

