

NOV 15 1937

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

35900

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
1003

(b) Township..... Primary Registration District No. Registered No. **9477**

(c) City Saint Louis Missouri (d) Street No. 3441 Wisconsin Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Theresa M. O'Reilly

(a) Residence, No. 3441 Wisconsin Ave. St. **24** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) January 1st, 1920.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 9 9

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

9. Industry or business in which work was done, as 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) Saint Louis, Missouri.
(STATE OR COUNTRY)13. NAME James O'Reilly14. BIRTHPLACE (CITY OR TOWN) Saint Louis, Missouri.
(STATE OR COUNTRY)15. MAIDEN NAME Louise LaBonde16. BIRTHPLACE (CITY OR TOWN) Saint Louis, Missouri.
(STATE OR COUNTRY)17. INFORMANT George Fedier
(ADDRESS) 3441 Wisconsin Ave.18. BURIAL, CREMATION, OR REMOVAL
PLACE Old S.S. Peter & Paul October 13, 193719. FUNERAL DIRECTORY Regehen Bros.
(ADDRESS) 2623 Cherokee Street.20. FILED OCT 11 1937
J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 10th, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1937 to October 10, 1937
 Last saw her alive on Oct 9, 1937 Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Rheumatic Heart DiseaseDate of onset 7 yrsOther contributory causes of importance:
Pulmonary Embolism

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

What test confirmed diagnosis Clinical 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 P. Jones, M. D.(Address) 3616 S. Broadway

STATEMENT BY LICENSED EMBALMER

I, Judie A. Ziegenhein. Licensed Embalmer No. 2270.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed

Judie A. Ziegenhein

Licensed Embalmer No. 2270.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)