

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.

NOV 23 1937

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

38765
Do not use this space.

1. PLACE OF DEATH

(a) County St Louis Registration District No. 289
 (b) Township Central Primary Registration District No. 6033
 (c) City St Louis (d) Street No. 7728 Augusta Ave Registered No. 279
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 Michael J. Reilly

(a) Residence, No. 7728 Augusta Ave St. (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 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) Husband of Mary Kelly
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14th 1856
 7. AGE YEARS 80 MONTHS II DAYS 17 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Credit Man
 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) Alton Ill
 (STATE OR COUNTRY)

FATHER 13. NAME John J REILLY

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

MOTHER 15. MAIDEN NAME ELEANOR DORAN

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

17. INFORMANT Mary Frances Reilly
 (ADDRESS) 7728 Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary DATE Oct 4th 1937

19. FUNERAL DIRECTOR Stroot Carroll Und oo
 (ADDRESS) 4600 Natural Bridge Ave

20. FILED 10-2-37 Eda Boehme
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from 1927, 1927 to Oct 1st 1937, 1937.
 I last saw him alive on Oct 1, 1937 Death is said to have occurred on the date stated above, at 1:30 pm.
 The principal cause of death and related causes of importance were as follows:

Cardiac Renal disease
Senility
9532
 Date of onset

Other contributory causes of importance:
 Name of operation None Date of None
 What test confirmed diagnosis Physical 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 None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) James Reilly M. D.
 (Address) 6125 Bluebonnet Ave

STATEMENT BY LICENSED EMBALMER

I, F N Shood, Licensed Embalmer No. 2265

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

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed F N Shood
Licensed Embalmer No. 2265

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.)