

REC'D MAR 24 1938

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

8141
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
 (b) Township Primary Registration District No. Registered No. 371
 (c) City Rich. Hts. (d) Street No. St. Mary Hospital 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

John J. Reardon 635
 (a) Residence, No. St. Mary Hospital 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from February 26, 1938, to February 27, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18 1866

I last saw h. i. m. alive on February 27, 1938 Death is said to have occurred on the date stated above, at 8:55 A.M.

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
73 10 9

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

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

Cerebral Hemorrhage 2/26
 Date of onset 34

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

Other contributory causes of importance: Central Nervous System Lesions

FATHER 13. NAME John Reardon

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

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No.

MOTHER 15. MAIDEN NAME Mary Reardon

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

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)

17. INFORMANT (ADDRESS) Sister Mary John St. Mary Hospital

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen DATE Mar 2, 1938

Manner of injury Nature of injury 1

19. FUNERAL DIRECTOR (ADDRESS) Thomas J. Finney 15795 Grand Boulevard

24. Was disease or injury in any way related to occupation of deceased? If so, specify Yes

20. FILED 228 1938 T. P. Mayson, M.D., P.H. Local Registrar.

(Signed) Beamed E. Bauman, M.D.
 (Address) 6420 Clayton Road

Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
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.....

Licensed Embalmer No.

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