Rec'd MAR 24 1938

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

8144
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 3 Registration District No. 96
(b) Township Primary Registration District No. Registered No. 252
(c) City University City (d) Street No. Christian Old Folks Home 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 Bernard J. Reilly, 400
(a) Residence, No. 6600 Washington Ave., St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nan Reilly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 1, 1849

7. AGE: YEARS 88 | MONTHS 5 | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.: Real Estate
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 Missouri 0

FATHER
13. NAME: John Reilly 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

MOTHER
15. MAIDEN NAME: Eleanor Coil
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

17. INFORMANT (ADDRESS): Mrs. R. O. Johnson St. Louis, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Calvary DATE Feb. 7, 38

19. FUNERAL DIRECTOR (ADDRESS): Wagoner Undertaking Co. 3621 Olive St.

20. FILED 2-7 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-29, 1938, to 2-6, 1938
I last saw him alive on 2-5, 1938. Death is said to have occurred on the date stated above, at 11:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Pneumonia (Hypostatic)	

Other contributory causes of importance: 93C
Cardiac asthma

Name of operation: none 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 1
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Kenneth V. Larsen, M. D.
(Address) 5657a Delmar

(Licensed Embalmer's Statement on Reverse Side)

Exact statement of OCCUPATION is very important. Unless of DEATH in plain terms, so that it may be properly classified.

Mr. K. V. Larsen
5210 Washington

STATEMENT BY LICENSED EMBALMER

I, Neville B. Frohwitter, Licensed Embalmer No. 3696

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Neville B. Frohwitter

Licensed Embalmer No. 3696

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