

REC'D APR 11 1938

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

9043

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **2nd and Madison** 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 **Edmond O'Reilly 640**

(a) Residence, No. **3508 McKean** St. **16**
 (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) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rose Larkin**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 2, 1869**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 6 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Stock Clerk**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Herkent Meisel Trunk Company**
 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**FATHER 13. NAME **Edmond O'Reilly**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**MOTHER 15. MAIDEN NAME **Bridget Reilly**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**17. INFORMANT **Elizabeth Anderson**
(ADDRESS) **6104 Pershing**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Calvary Cemetery** DATE **3/21/38**19. FUNERAL DIRECTOR **Shos J. Simon**
(ADDRESS) **1519 So. Grand**20. FILE **MAR 19 1938**
J. D. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

By **attending physician**21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 18, 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **11:10 A.M.**

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

Coronary Occlusion;

Other contributory causes of importance:

Arteriosclerosis.

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 **See above**24. Was disease or injury in any way related to occupation of deceased? **NO**

If so, specify.....

(Signed) **W. H. Perry**(Address) **Deputy Coroner**

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880

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

John Ketter

Licensed Embalmer No. 3880

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.)