S. No. 2
—11-10-39
v. 5-17-39
I X21492

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8851

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 2334

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5536a Palm St. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 6
(If outside city or town limits write "RURAL")

(d) Street No. 5536a Palm St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Reardon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Timothy Reardon.

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April (Month) 14 (Day) 1874 (Year)

8. AGE: Years 65 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Philadelphia (City, town, or county) Penn. (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Carney
13. Birthplace Philadelphia (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Julia Leonard
15. Birthplace Limerick (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Timothy Reardon
(b) Address 5536a Palm St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 11 (Day) 40 (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) MAR 9 1940 (Date received local registrar) (b) J. F. Bechtel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1940 hour 12 minute 35 P. M.

21. I hereby certify that I attended the deceased from Jan 27, 1940, 19 , to March 7, 1940 that I last saw her alive on March 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
pernicious anemia	6 mo
Chronic myocarditis	—
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Arthur Gundlach (M. D. or other) M. D.
Address 7702 University Date signed 3/8/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.)

If this body is not embalmed, above space should be left blank.