S. No. 2
—11-10-39
5-17-39
P I X21492

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

REC APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9105

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2588

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: 2344a Louisiana 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2344a Louisiana
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Reilly

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Millie

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

7. Birth date of deceased November (Month) 4, (Day) 1867 (Year)

8. AGE: Years 72 Months 4 Days 11 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Plumber

11. Industry or business

FATHER 12. Name John Reilly

13. Birthplace (City, town, or county) Maine (State or foreign country)

MOTHER 14. Maiden name Ellen Cavanaugh

15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant
(b) Address 2344a Louisiana

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/18/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa St.

19. (a) MAR 19 1940 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1940 hour minute 7 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 1939, to Mar. 15, 1940; that I last saw him alive on Mar. 15, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility; arterial sclerosis	

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? —
While at work? — (Specify type of place) (e) Means of injury

23. Signature Ralph Thompson (M. D. or other) M.D.
Address 3606 Hiawatha Date signed 3/16/40

(Licensed Embalmer's Statement on Reverse Side)

2588

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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 Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address 3747 Jamaica

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

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