

2  
3-40  
7-39  
X23159

Registration District No. **791** Primary Registration District No. **1003**

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:  
St. Anthony's Hospital 1)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 Days  
(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  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3519 A. Humphrey St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Francis Arthur Reilly  
3. (b) If veteran, name war No  
3. (c) Social Security No. 493-07-1756

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Martha Reilly  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased October 10 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 0 13 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Manager

11. Industry or business Victor Linen and Towel Sup. Co

MOTHER FATHER { 12. Name Robert J. Reilly  
13. Birthplace Kentucky  
14. Maiden name Jenny Holtschneider  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Reilly  
(b) Address 3519 A. Humphrey St

17. (a) Burial (b) Date thereof Oct 25 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New ST. Peter and Paul

18. (a) Signature of funeral director Peetz Brothers  
(b) Address 3029 Lafayette Ave

19. (a) OCT 24 1941 (b) J. F. Bredek  
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23rd day October  
year 1941 hour 8:40 minute A. M.

21. I hereby certify that I attended the deceased from Oct 9, 1941, to Oct 28, 1941,  
that I last saw him alive on Oct 27, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Bronchitis  
With emphysema of lungs  
Perforated Gastrointestinal  
Concomitant General Peritonitis  
Due to Welder of pyloric end of stomach  
Plummet  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Abdomen filled with stomach contents  
Of autopsy Emphysema of lungs  
Peritonitis

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? \_\_\_\_\_

23. Signature Medina J. Hesse (M. D. or other) \_\_\_\_\_  
Address 1506 Olive St Date signed 10/24/41

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

all

*Dr. Blasen*

---

---

**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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *732 Tomaffery*

**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, fact should be so stated above.**