

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18262

State File No. \_\_\_\_\_

Registration District No. FILED JUN 29 1942

Primary Registration District No. 5580

Registrar's No. 15-26

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution St. Joseph's Hill Infirmery 0  
(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 \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. 3964a Russell Blvd.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank J. O'Reilly,

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary O'Reilly MOORE 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 21 1869  
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Attorney, retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Bernard O'Reilly

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

{ 14. Maiden name Mary Dickson

{ 15. Birthplace U.S.A.  
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. F. O'Reilly  
(b) Address 221 N. Grand Ave., St. Louis

17. (a) Burial (b) Date thereof May 5, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

\* (c) Place: burial or cremation Calvary Cemetery

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

19. (a) 2 May 44 (b) James A. Towne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
year 1942 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from September 26 1941 to April 27 1942  
that I last saw him alive on April 27 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic cardio-vascular disease

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

Signature William M. Kearney (M. D. or other) \_\_\_\_\_  
Address 6125 1/2 Barton Date signed 5-2-42

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

50  
00

12-21

08-22

*W. Moore*

3400 W

**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, fact should be so stated above.

*W. Moore*