

FILED OCT 14 1942 318

Registration District No. _____

Primary Registration District No. _____

100

Registrar's No. _____

8140

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 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3874 Flad Avenue
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas V. O'Reilly

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

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July 19, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
67		<u>2</u>	<u>11</u>	_____ hr. _____ min.

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

10. Usual occupation Clergyman (Catholic Priest)

11. Industry or business _____

12. Name Michael O'Reilly

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

14. Maiden name Margaret Mary Maher

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

16. (a) Informant Rev. E. J. Sullivan

(b) Address 3874 Flad Avenue

17. (a) Burial (b) Date thereof Oct. 3842
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thomas J. Sullivan

(b) Address 1519 S. Grand Blvd

19. (a) OCT 1 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 30 day 30
 year 1942 hour 11 minute 20 a.m.

21. I hereby certify that I attended the deceased from May 12 1946 to Sept 30 1947
 that I last saw him alive on Sept 30 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Acute Sarcosin Toxicity

Due to Chronic Perforated Ulcer of

Due to Mediastinum, with

Other conditions Perforated Duodenum, Perforated
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy As above

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 J. F. Brudick (M. D. or other) _____
 Address County Club Bldg Date signed 10/1/42

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

MOTHER FATHER

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.....

John J. Fetter

Licensed Embalmer No. 3980

P. O. Address.....

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.