

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No.

Registrar's No. 958

Registration District No. 318

Primary Registration District No.

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:
2207 S. Grand Bl.
(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
(If outside city or town limits, write "RURAL")

(d) Street No. 2207 S. Grand Bl.
(If rural, give location)

(e) Citizen of foreign country?..... 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Andrew J. O'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, Widowed

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

7. Birth date of deceased Jan 13, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>0</u>	<u>14</u>	hr. min.

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

10. Usual occupation Engineer

11. Industry or business.....

12. Name Thomas W. O'Reilly

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

14. Maiden name Helen Barbara

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

16. (a) Informant Mrs. Jeanette Johnson

(b) Address 2207 S. Grand Bl.

17. (a) Burial (b) Date thereof Jan. 30/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cm.

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) JAN 29 1943 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27
year 1943 hour 5 minute 35 P..M.

21. I hereby certify that I attended the deceased from 12-5 1942 to 1-27 1943
that I last saw him alive on 1-27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditis

Other conditions.....
(Include pregnancy within 3 months of death)

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Joseph Schaffer (M. D. or other).....
Address 535 University Blvd Date signed 1/29/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

*On for Section
Kodm 531
University of Utah*

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 *Nancy A. Stewart*
.....
Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.