

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1944

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No.

38859

Registrar's No.

2453

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Pine Lawn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Shamrock Home) 3707 Manolo Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Month
 (Specify whether
 In this community 5
 years, months or days)

3. (a) PRINT
FULL NAMEAnnie Reilly3. (b) If veteran,
name war.....3. (c) Social Security
No.....4. Sex Female 5. Color or
race White 6. (a) Single, widowed, married,
divorced Single6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if
alive..... years7. Birth date of deceased Unknown 1863
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
81 Unknown hr. min.9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business.....

12. Name John Reilly
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)14. Maiden name Dont. Know
15. Birthplace " " " "
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. M. Sterne
(b) Address 3906 A. LINDELL BLVD.17. (a) Burial (b) Date thereof 12-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Arthur J. Donnelly
(b) 3870 Lindell Blvd.19. (a) DEC 5 1944 (b) E. S. McSweeney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 004
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5899 Theodosia Ave 9
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1944 hour 10 minute 25 A. M.21. I hereby certify that I attended the deceased from Nov. 20
1944 to Dec. 2 1944that I last saw h. alive on Dec 2 1944
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary Duration
CongestionMyocardial Infarction
Coronary Arteriosclerosis

Due to.....

Due to.....

Other conditions 940
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 2Signature Dien Lubens (M. D. or other)
Address 721 S. Thayer St. Date signed 12/4/44

(Licensed Embalmer's Statement on Reverse Side)

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

9600

Dr. J. J. ...
7320. J. J. ...
2-1-1911

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address. 4340 Lafayette

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.