

FILED MAR 27 1946
318

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **2574**

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4403a Holly Ave. 1
(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 000
17
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
99
(d) Street No. 4403a Holly Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MICHAEL E. O'REILLY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

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

7. Birth date of deceased March 21 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 26
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country) 1

10. Usual occupation Retired

11. Industry or business _____

12. Name O'Reilly

13. Birthplace Unknown (City, town, or county) (State or foreign country) 1

14. Maiden name Unknown (City, town, or county) (State or foreign country) 1

15. Birthplace Unknown (City, town, or county) (State or foreign country) 1

16. (a) Informant J. William O'Reilly

(b) Address 4403a Holly Ave.

17. (a) Burial (b) Date thereof 3/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

(d) Signature of funeral director Sullivan Funeral Dir

(e) Address 2849 N. Euclid Ave.

18. (a) Signature of registrar J. F. Bredeek

(b) Address _____

19. (a) MAR 18 1946 (Date received local registrar) (b) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th
year 1946 hour 9:45a. minute _____ M. _____

21. I hereby certify that I attended the deceased from Mar 8
1946 to Mar 17 1946
that I last saw him alive on Mar 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration ?

Due to _____

Due to _____

Other conditions Paralytic Ileus 36 hrs
(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 ?

23. Signature John G. McJoney (M. D. or other) MD

Address 2014 Shelby Av. Date signed 3/18/46

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

MOTHER FATHER

10-1-46

Dr. McSwenny
5014 Thekla
Mon. 9:30 - 11 a.m.

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 *Robert R. Brinkman*
Licensed Embalmer No. *3553*

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.