S. No. 2
M—2-43
. 5-17-39
I X35697

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

20938

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22069

Registration District No. 518 Primary Registration District No. 1003 Registrar's No. 5525

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: 3725 Utah Place
(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 Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3725 Utah Place
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth W. O'Reilly

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Luke J. O'Reilly

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

7. Birth date of deceased Aug. 26th., 1878 (Month) (Day) (Year)

8. AGE

Years	Months	Days	If less than one day
67	9	24	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name James Byrne
13. Birthplace Ireland (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Sarah D'Arcy
15. Birthplace Ireland (City, town, or country) (State or foreign country)

16. (a) Informant Miss Nellie Byrne
(b) Address 3725 Utah Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JUN 21 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th., year 1946 hour 3 minute 05 p. M.

21. I hereby certify that I attended the deceased from Dec 1, 1936 to June 20, 1946; that I last saw h. on alive on 6.20.946, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Myocarditis	10 yr +
Due to: Hypertension	10 yr +
Due to: Chr. Nephritis	10 yr +
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other) M.D.
Address 2602 S. Grand Date signed 6/21/46

(Licensed Embalmer's Statement on Reverse Side)

2602 S.Grand Blvd.

Ra 4300

11-2

JUN 4 1948

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.