V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Wm. Pierce Reilly

State File No. 26339

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1528

96
0
0

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1540-Wellston Place 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. 3002-Sims Avenue 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Peter Fath Sr.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive Dcd. years
7. Birth date of deceased Dec (Month) 6 (Day) 1867 (Year)

8. AGE: Years 79 Months 7 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation Laborer retired
11. Industry or business
FATHER
12. Name Martin Fath
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Anna E. Johnson
(b) Address 1540-Wellston Pl-Wellston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Gardens
18. (a) Signature of funeral director Baumann Brothers Inc
(b) Address 2504-Woodson Rd-Overland-14-Mo.
19. (a) 7-17-47 (Date received local registrar) (b) Cecil A. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1947 hour 1 minute 45 P. M.
21. I hereby certify that I attended the deceased from 4/12 1947 to 7/12 1947 that I last saw him alive on 7/12 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Renal disease
Due to arterio Sclerosis
Due to Senility 13 1a
Other conditions None.
(Include pregnancy within 3 months of death)
Major findings: Of operations None.
Of autopsy None

Duration

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) None
(b) Date of occurrence No
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None 0 (Specify type of place)
While at work? None (e) Means of injury No
23. Signature Pierce Reilly (M. D. or other) MD
Address 6133 Bartmer St Louis Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. Don Marler

Licensed Embalmer No. 4480

P. O. Address. Everland, Mo.

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.