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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 24 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 31383

Registrar's No. 8121

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: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-week (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 7676 Wise Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Francis X. Rielley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m.

5. Color or race w.

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

6. (b) Name of husband or wife Delia Rielley

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Aug. 2nd., 1911 (Month) (Day) (Year)

8. AGE: Years 37 | Months 1 | Days 13 | If less than one day hr. min.

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

10. Usual occupation Copy Editor

11. Industry or business Globe-Democrat

FATHER
12. Name John M. Rielley
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Agnes Naughton
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Delia Rielley

(b) Address 7676 Wise Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-48 (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) SEP 16 1948 (Date received local registrar) (b) D. H. Brewer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th., year 1948 hour 3 minute 25 a. M.

21. I hereby certify that I attended the deceased from September 7th, 1948, to Sept 15, 1948, that I last saw him alive on September 14, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Infarcation of Myocardium	8 days
Due to: Arterio-sclerotic Coronary Thrombosis	
Due to:	
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 A. P. Mynsch (M. D. or other)

Address 306 Humboldt Bldg. Date signed 9/16/48

(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 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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.