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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948 318

FEDERAL BUREAU OF INVESTIGATION
STANDARD CERTIFICATE OF DEATH
1003

34539
State File No. _____
Registrar's No. 8811

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. Louis' City Hospital
(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 200
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 6911 Minnesota Avenue 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hugh W. O'Rielly
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Johanna O'Rielly
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased July 17 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 2 23 hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business _____

12. Name Patrick O'Rielly 11

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

14. Maiden name Catherine ?

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Johanna O'Rielly

(b) Address 6911 Minnesota Avenue

17. (a) Burial (b) Date thereof 10-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodianga Ave.

19. (a) OCT 11 1948 (b) Jos. W. Clark
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1948 hour 6 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Hypertrophy; Arterio Sclerosis. Duration

Due to _____

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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature Patrick E. Taylor Dep. Col (M.D. or other) _____

Address 1300 Clark Date signed 10-11-48

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

MOTHER FATHER

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 M. Murray

Licensed Embalmer No. 3749

P. O. Address. St Louis, 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.