

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6648

State File No. ....

FILED FEB 24 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1519**

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Missouri</b> ) c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>221a So. Broadway</b>	
<b>3. NAME OF DECEASED</b> (First) <b>Oscar</b> (Middle) <b>C.</b> (Last) <b>REILY</b> (Type or Print) <b>(also known as Riley Moore &amp; Michael Riley)</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>February 8, 1950</b>	
<b>5. SEX</b> Male <input checked="" type="checkbox"/>	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) Unknown	<b>8. DATE OF BIRTH</b> <b>Jan. 15, 1894</b>
<b>9. AGE</b> (In years last birthday) <b>56</b>	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) Peddler	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (State or foreign country) Lamar Co., Texas
<b>12. CITIZEN OF WHAT COUNTRY?</b> U.S.		<b>13a. FATHER'S NAME</b> William J. Reily	<b>13b. MOTHER'S MAIDEN NAME</b> Octavia Graves
<b>14. NAME OF HUSBAND OR WIFE</b> Unknown		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	<b>16. SOCIAL SECURITY NO.</b> Unknown
<b>17. INFORMANT'S SIGNATURE OR NAME</b> Mrs. Dallas Shroyer		<b>17. ADDRESS</b> 601 N. Sycamore, Palestine, Texas	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <i>Pulmonary Tuberculosis</i> ANTECEDENT CAUSES _____ DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH _____	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>19a. DATE OF OPERATION</b> _____	
<b>19b. MAJOR FINDINGS OF OPERATION</b> _____		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____	
<b>22. I hereby certify that I attended the deceased from</b> <u>2/4/50</u> , 19 <u>  </u> , to <u>2/8/50</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>2/8/50</u> , 19 <u>  </u> , and that death occurred at <u>11:40am.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <i>Albert H. Hoppe</i>		<b>23b. ADDRESS</b> 1515 Lafayette Ave.,	<b>23c. DATE SIGNED</b> 2/16/50
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) Removal	<b>24b. DATE</b> 2-15-50	<b>24c. NAME OF CEMETERY OR CREMATORY</b> _____	<b>24d. LOCATION</b> (City, town, or county) (State) Tyler, Texas
<b>DATE REC'D BY LOCAL REG.</b> 2-15-1950	<b>REGISTRAR'S SIGNATURE</b> J. B. Luster	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed Ray W. Wilkinson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3575

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.