No. 300
20.48

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

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25131

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6199

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Firmin Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 2908 Sullivan Avenue St. Louis, Mo.
d. STREET ADDRESS (If rural, give location): 2109

3. NAME OF DECEASED (Type or Print)
a. (First): Rev. Bernard
b. (Middle): Xavier
c. (Last): O'Reilly

4. DATE OF DEATH (Month) (Day) (Year): 7-17-50

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec. 3, 1869
9. AGE (In years last birthday): 80 — If under 1 year: Months Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clergyman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mo. St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Bernard J. O'Reilly
13b. MOTHER'S MAIDEN NAME: Mary D. Dixon
14. NAME OF HUSBAND OR WIFE: Most Rev. J. Ritter-Superior.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Rev. F. J. O'Reilly 221 N. Grand

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — unknown
DUE TO (c) Generalized arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Stricture of Esophagus due to undetermined cause. Esophagectomy. Thrombosis, right tibial arteries — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF ~~OPERATION~~ Esophagectomy
Stricture of lower end of Esophagus
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

539.1

22. *I hereby certify that I attended the deceased from* 7-5, 19 50, *to* 7-17, 19 50, *that I last saw the deceased alive on* 7-17, 19 50, *and that death occurred at* 5:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph V. Finnegan M.D.
23b. ADDRESS: 3720 Washington
23c. DATE SIGNED: 7-18-50
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 20, 50
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.
DATE REC'D BY LOCAL REG.: JUL 19 1950
REGISTRAR'S SIGNATURE: Jr B Lazater
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Cullinane Bros. 3320 N. Kingshighway

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Fred Frick

Signed.....
Student Embalmer

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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