

No. 300  
10-48

FILED DEC 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39989

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 3743

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY</u>	
c. LENGTH OF STAY (In this place) <u>1 YEAR</u>		d. STREET ADDRESS (If rural, give location) <u>8530 APPLETON DRIVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>8530 APPLETON DRIVE</u>		e. STREET ADDRESS (If rural, give location) <u>8530 APPLETON DRIVE</u>	

3. NAME OF DECEASED (Type or Print) <u>ALFRED MICHAEL REILLY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 17-1951</u>		
a. (First)			b. (Middle)		
c. (Last)					

5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>NOV. 27-1881</u>		9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FAMOUS BARR CO.</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO</u>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <u>PATRICK REILLY</u>		13b. MOTHER'S MAIDEN NAME. <u>BRIDGET FOY</u>		14. NAME OF HUSBAND OR WIFE <u>ELLA</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>SPANISH AMERICAN 488-01-2679</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ms Ella Reilly - 8530 Appleton Drive</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinomatous</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of prostate</u>				2 yrs	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS <u>Cerebral apoplexy</u>				3 days	
		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 8 1951, to 19-17, 1951, that I last saw the deceased alive on 19-17, 1951, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert A. Donker</u> (Degree or title)		23b. ADDRESS <u>812 West St. St. Louis</u>		23c. DATE SIGNED <u>11-19-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 20-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
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DATE REC'D BY LOCAL REG. <u>11-19-51</u>		REGISTRAR'S SIGNATURE <u>Robert A. Donker</u>		EMERALD DIRECTOR'S SIGNATURE <u>Max Muller</u>		ADDRESS <u>Thiel Co., 5165 Delmar, St. Louis, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 3 1952

Arnold R. R. R. 2-6 PM

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.....  
..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed W E Morris

Licensed Embalmer No. 3360

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.