

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

22538

Registrar's No.

5298

FILED JUN 27 1952

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.

c. 2-10-52 STAY (in this place) 6-8-52

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Mo.

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

2139

d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmiry Hospital

d. STREET ADDRESS (If rural, give location)

13 5600 Arsenal

3. NAME OF DECEASED (Type or Print)

a. (First)

Stella

b. (Middle)

Mae

c. (Last)

Reilly

4. DATE OF DEATH (Month) (Day) (Year)

6-8-52

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 14 1878

9. AGE (Years) (Months) (Days)

77 07

10. UNDER 1 YEAR (Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME

William Reilly

13b. MOTHER'S MAIDEN NAME

Mary Phelan

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

City Inf. Hosp. Record 5600 Arsenal

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

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

MEDICAL CERTIFICATION

arteriosclerosis, general

INTERVAL BETWEEN ONSET AND DEATH

years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

cerebral vascular accident

years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

352x

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13-52, 1952, to 6-8, 1952, that I last saw the deceased alive on 6-8, 1952, and that death occurred at 8:20p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

William M. Aweeney, M.D.

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

June 10-52

24c. NAME OF CEMETERY OR CREMATORY

Calvary

24d. LOCATION (City, town, or county) (State)

ST. Louis Mo

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

JUN 10 1952

REGISTRAR'S SIGNATURE

J. Carl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

C. J. Johnson 3125 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

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

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 John Blalock _____

Licensed Embalmer No. 24014 _____

P. O. Address 3125 DuPont _____

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. Q 2538
Local Registrar's No. 5298

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears.....
....., who, upon..... oath, states that the original record of birth
for Stella Mae Reilly died 6-8-1952, 19....., in the State of
cbcn death
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 2 should read May 14 1884

Instead of..... MAY 14 1878

Item No. 8 should read Age ~~58x~~ 69

Instead of..... 74

Item No. should read

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant E. J. Schum Und
Relationship.

3125 Lafayette
Present Address.

Subscribed and sworn to before me this 7 day of July, 1952

My Commission expires 3-4-53
Clara J. Padbourne Notary Public.



THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 22538
Local Registrar's No. 5298

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 19____, before me appears _____

for Stella Mae Reilly, who, upon oath, states that the original record of birth
died 6-8-52, 19____, in the State of
~~born~~ Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 8 should read May 14 - 1885

Instead of _____

Item No. 9 should read age 68

Instead of _____ 69

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

E. J. Schum Funeral Director
Relationship.
3125 Lafayette
Present Address.

Subscribed and sworn to before me this 21 day of July, 1952

My Commission expires 3-4-53 _____ Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

