

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16130**  
**3534**  
Registrar's No. \_\_\_\_\_

V. S. No. 300  
REV. 10-48

BIRTH NO. FILED **APR 18 1953** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) life	c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6100 Pershing Ave.</b>			e. STREET ADDRESS (If rural, give location) <b>6100 Pershing Ave. 2059</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Eugene</b>		b. (Middle) <b>James</b>	c. (Last) <b>Reilly</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 2, 1953</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>S.</b>	8. DATE OF BIRTH <b>July 13, 1890</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance Salesman,</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>State Mutual Life</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Michael J. Reilly</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Josephine Kelly</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes World War # 1</b>	16. SOCIAL SECURITY NO. <b>not known</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Mary Frances Reilly, 6100 Pershing Ave.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Insufficiency. Myocardial</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Small Bowel Obstruction</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arthritis. Anemia</b>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4201</b>			
22. I hereby certify that I attended the deceased from <b>April 1, 1953</b> , to <b>April 1, 1953</b> , that I last saw the deceased alive on <b>Apr. 1</b> , 19 <b>53</b> , and that death occurred at <b>5</b> <b>A</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>[Signature]</b>			23b. ADDRESS <b>3720 Washington Ave.</b>	23c. DATE SIGNED <b>4/2/53</b>	
24a. FUNERAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 6, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>APR 3 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b>		ADDRESS <b>3840 Lindell Blvd.</b>

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

S.P. (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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Francis Williamson*.....

Licensed Embalmer No. *3565*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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