

FILED JUL 15 1953

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 23070  
 Registrar's No. 5849

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Creve Coeur	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) 5-yrs.		e. STREET ADDRESS (If rural, give location) 4730		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Bernard Nursing Home, 4385 Maryland				
3. NAME OF DECEASED (Type or Print) a. (First) Gerald b. (Middle) B. c. (Last) O'Reilly			4. DATE OF DEATH (Month) (Day) (Year) June 11, 1953	
5. SEX M. 0	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Mar. 2, 1876	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Real Estate	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME Michael B. O'Reilly		13b. MOTHER'S MAIDEN NAME Mary C. Donovan	14. NAME OF HUSBAND OR WIFE Mrs. Estelle O'Reilly	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. not known	17. INFORMANT'S SIGNATURE OR NAME BOX 10 ADDRESS Mr. Charles E. O'Reilly, Springfield, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>years</u>  ANTECEDENT CAUSES DUE TO (b) <u>Auricular Fibrillation</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>  INTERVAL BETWEEN ONSET AND DEATH <u>years</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200	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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 9, 1953</u> , to <u>June 11, 1953</u> , that I last saw the deceased alive on <u>June 10, 1953</u> , and that death occurred at <u>4:45 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Herbert M. Meyer M.D.</u>		23b. ADDRESS <u>4409 West Price</u>		23c. DATE SIGNED <u>6/11/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 13, 1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. JUN 12 1953		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FURNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u> 3840 Lindell Blvd.

