

FILED JUL 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21141**  
Registrar's No. **5548**

BIRTH NO. \_\_\_\_\_ 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>Missouri,</b> b. COUNTY <b>2159</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis,</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4508 So. Compton Ave.,</b>		e. STREET ADDRESS (If rural, give location) <b>15 4508 So. Compton Ave.,</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Stella</b> b. (Middle) <b>A.</b> c. (Last) <b>Reily,</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 19, 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White,</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 24, 1884</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home,</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri,</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Edward Hager,</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Burrichter</b>	
14. NAME OF HUSBAND OR WIFE <b>Louis F. Reily,</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Louis F. Reily,</b>		ADDRESS <b>4508 So. Compton Ave.,</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ca of liver - primary</b>		INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Ca of gall bladder + stones</b>			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>See - cause of death</b>		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) <b>155 X</b>	
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 <b>1-4-1954</b> , to <b>6-19-1954</b> , that I last saw the deceased alive on <b>6-18-1954</b> , and that death occurred at <b>4:20 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>W. J. Neumann MD</b>		(Degree or title)		23b. ADDRESS <b>5203 Chippewa</b>	
23c. DATE SIGNED <b>6/21/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial,</b>		24b. DATE <b>6/22/54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery,</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			
DATE RECD BY LOCAL REG. <b>JUN 21 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gebken-Benz Mortuary,</b> ADDRESS <b>2842 Meramec St., St. Louis, 18, Mo.</b>	

WRITE PLAINLY—USING 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 Me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Joe S. Benz*  
Licensed Embalmer No. 42  
2842 Meramec  
P. O. Address.....St. Louis

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.