

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG., DIST. NO. 544 Registrar's No. 1316

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirkwood</u> | | c. LENGTH OF STAY (in this place) <u>72 years</u> | c. CITY (If rural, give location) <u>Kirkwood</u> <u>4693</u> 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 <u>331 W. Adams Ave</u> | | e. STREET ADDRESS (If rural, give location) <u>331 W. Adams Ave</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>PATRICK</u> b. (Middle) <u>H.</u> c. (Last) <u>REILLY</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1954</u> |
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| 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>April 25, 1882</u> | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u> | IF UNDER 12 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Loader</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railway Exp. Agc.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kirkwood, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>Patrick Reilly</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha Kane</u> | 14. NAME OF HUSBAND OR WIFE <u>Bessie Reilly</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>445</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bessie Reilly, 331 W. Adams</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardio-vascular renal disease</u> | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) <u>442X</u> |
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| 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? |
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22. I hereby certify that I attended the deceased from 12/1, 1949, to 6/4, 1954, that I last saw the deceased alive on 6/4, 1954, and that death occurred at 2:45 P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>J. D. Steelzle</u> (Degree or title) | 23b. ADDRESS <u>M. A. 1027 W. Adams, Kirkwood</u> | 23c. DATE SIGNED <u>6/5/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6/7/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>6/5/54</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Amos</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. Popp, Jr., Kirkwood Mo.</u> |
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. Allen Davis*.....
Licensed Embalmer No. *405*.....
P. O. Address *ALB*.....

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.