

FILED MAY 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18964**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>531</b>		Registrar's No. <b>1166</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>			
b. CITY OR TOWN <b>University City</b>		c. LENGTH OF STAY (in this place) <b>48 yrs.</b>		c. CITY OR TOWN <b>University City</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>6369 Pershing Ave.</b>				e. STREET ADDRESS (If rural, give location) <b>6369 Pershing Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jane</b>		b. (Middle) <b>Elliott</b>		c. (Last) <b>O'Reilly</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 7, 1956</b>	
5. SEX <b>F.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W.</b>		8. DATE OF BIRTH <b>Nov. 29, 1876</b>	
9. AGE (in years) (months) (days) (hours) (min.) <b>79</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mass.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Charles Sever</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Webber</b>		14. NAME OF HUSBAND OR WIFE <b>J. Archer O'Reilly</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Archer O'Reilly, 6322 Pershing Ave.</b>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of ascending colon</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Diabetes mellitus</b>				INTERVAL BETWEEN ONSET AND DEATH <b>months</b>          <b>years</b>	
19a. DATE OF OPERATION <b>Mar. 31, 1956</b>		19b. MAJOR FINDINGS OF OPERATION <b>same</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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
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>3/31/1952</b> , to <b>May 7, 1956</b> , that I last saw the deceased alive on <b>May 7, 1956</b> , and that death occurred at <b>10:05 p.m.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W. Baumpfeister, M.D.</b>				23b. ADDRESS <b>3720 Washington Blvd., St. Louis</b>		23c. DATE SIGNED <b>5/8/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>May 9, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5-8-56</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dombrowski</b>		FUNERAL DIRECTOR'S SIGNATURE <b>W. Baumpfeister</b>		ADDRESS <b>3840 Lindell Blvd.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Francis Williamson*.....

Licensed Embalmer No. *3840*

P. O. Address *3840 Le...*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (F  
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.