

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15187

FILED APR 29 1957

State File No. ....

318

1003

Registrar's No. 3189

BIRTH NO. 92689-SR REG. DIST. NO. PRIMARY REG. DIST. NO.

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) St. Louis		c. CITY OR TOWN University City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 3 1/2 wks.		e. STREET ADDRESS (If rural, give location) 7048 Northmoor			
d. FULL NAME OF HOSPITAL OR INSTITUTION 39 Cardinal Glennon Hospital 9274 U					

3. NAME OF DECEASED (Type or Print) Kevin		a. (First)		b. (Middle)		c. (Last) Reilly		4. DATE OF DEATH (Month) (Day) (Year) April 2, 1957			
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5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH Sept. 19, 1956		9. AGE (In years last birthday) 6		IF UNDER 1 YEAR Months 13		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.			
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13a. FATHER'S NAME John J. Reilly				13b. MOTHER'S MAIDEN NAME Joyce Bell				14. NAME OF HUSBAND OR WIFE			
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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) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. John J. Reilly, 7048 Northmoor, U.C.							
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bilateral hydronephrosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>4 mos</i>									
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <i>Megalo Ureters with pyelonephritis</i> <i>Megalo ureters</i> <i>vs. Pyelonephritis</i>									
		DUE TO (c) <i>defective ureteral valves</i> <i>Deletive uretral valves</i>									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>757-3</i>									

19a. DATE OF OPERATION <i>3/18/57</i>		19b. MAJOR FINDINGS OF OPERATION <i>constriction of neck of bladder</i> <i>Constriction of neck of bladder</i>								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
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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 *Sept 21, 1952*, to *Apr 1, 1957*, that I last saw the deceased alive on *Apr 1, 1957*, and that death occurred at *1:30 a.m.*, from the causes and on the date stated above.

23. SIGNATURE <i>Victor E. Hrdlicka</i> (Degree or title) <i>MD</i>				23b. ADDRESS <i>634 N. Grand</i>				23c. DATE SIGNED <i>4/2/57</i>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>April 3, 1957</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>				24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>			
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DATE REC'D BY LOCAL REG. <i>APR 3 '57</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Mr. Arthur J. Donnelly, 2810 Lindell Blvd.</i>							
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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.....  
*Francis Williamson*

Licensed Embalmer No.....  
*3565*

P. O. Address.....  
*3840 Linden*

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.