

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016338

STATE FILE NUMBER

FILED APR 23 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3875

300
1-57
3

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hosp.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 1441 5236 Pernod Ave		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last John Anthony Reardon			4. DATE OF DEATH Month Day Year April 5, 1958		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 9, 1897		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 60 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Broker-Self-Employed		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, MO 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John J. Reardon		13b. MOTHER'S MAIDEN NAME Della Ward		14. NAME OF HUSBAND OR WIFE Lea M. Reardon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address John H. Reardon 5236 Pernod Ave		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture dislocation of the Atlas with injury of the Cord,</i> DUE TO (b) <i>Supposed in collision between car</i> DUE TO (c) <i>operated by deceased and operated by one Joseph</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>in front of apartment 1451 Hampton</i>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II) <i>in front of apartment 1451 Hampton</i>		
20c. TIME OF INJURY Hour Month, Day, Year <i>1040 a.m. 4 5 58 April 5, 1958.</i>			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>4 Street</i>		
20e. CITY, TOWN, OR LOCATION <i>St. Louis</i>			20f. COUNTY STATE <i>Mo 000</i>		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>1044 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James M. Kelly</i>			22b. ADDRESS <i>Deputy 3 1300 Clark</i>		22c. DATE SIGNED <i>4-7-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>4-8-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>
24. FUNERAL DIRECTOR <i>Kriegshauser 4228 S. Kingshighway</i>			25. DATE RECD. BY LOCAL REG. <i>APR 7 '58</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i> <i>mjb</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Richard W. Storza*

Licensed Embalmer No. *4007*

P. O. Address

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.