Health, Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58147-58 **58-030031**
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 205

**1. PLACE OF DEATH**
a. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph Hosp. — Length of stay in Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Charles
c. CITY OR TOWN St. Charles 0920 — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) Mounted R. R. #1 — Reside on Farm Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print): First Infant; Middle; Last Reily

**4. DATE OF DEATH** Month Aug. Day 20, Year 1958

**5. SEX** Female 1
**6. COLOR OR RACE** White
**7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐
**8. DATE OF BIRTH** Aug. 20, 1958
**9. AGE** (In years last birthday) — IF UNDER 1 YEAR OR UNDER 24 HRS.: Months; Days; Hours 1; Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) none
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (City and state or country) St. Charles, Mo.
**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME** RRobert Reily
**14. MOTHER'S MAIDEN NAME** Doris Boster

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown) No — (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT** Robert Reily, St. Charles, Mo. (Address)

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) congenital absence of both kidneys — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 7573
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

**19. WAS AUTOPSY PERFORMED?** YES ☐ X NO ☐

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐
**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)
**20c. TIME OF INJURY** Hour a. m. p. m. Month, Day, Year
**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.)
**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from 8/20/58, to 8/20/58 and last saw her/him alive on 8/20/58
Death occurred at 10:40a m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) [signature] M.D.
**22b. ADDRESS** St. Charles, Mo. 144 N. Main St.
**22c. DATE SIGNED** 8/20/58

**23a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**23b. DATE** Aug. 21, 1958
**23c. NAME OF CEMETERY OR CREMATORY** Oak Grove Cemetery
**23d. LOCATION** (City, town, or county) (State) St. Charles, Missouri

**24. FUNERAL DIRECTOR** Arthur C. Baue Funeral Home
**ADDRESS** St. Charles, Mo.
**25. DATE RECD. BY LOCAL REG.** AUG 20-58
**26. REGISTRAR'S SIGNATURE** Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David C. Bove

Licensed Embalmer No. 50

P. O. Address St. Chan

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