

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037991

FILED VS NOV 12 1959

STATE FILE NUMBER

210013

Registration District No. Primary Registration District No. Registrar's No.

RECEIVED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in lb 37 yrs. 3 mo. 1 day	c. CITY OR TOWN St. Louis, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis State Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5008 Kensington Av. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EDITH Middle L. Last REILY	4. DATE OF DEATH Month Oct. Day 30, Year 1959
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-13-89	9. AGE (last birthday) 70 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR 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 country) Indiana	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME James F. Reily	13b. MOTHER'S MAIDEN NAME Emma Hawkens	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 James Reily Address 5819 Vivian
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute rt. pulmonary embolism, massive, with infarction, due to thrombosis of lt.femoral veir DUE TO (b) Cardiomegaly, moderate DUE TO (c) Senile arteriosclerotic kidneys Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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 of item 18.)
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20c. TIME OF INJURY Hour 11:50 Month July Day 29, Year 1922
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis, County Mo STATE
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21. I attended the deceased from **July 29, 1922** to **Oct. 30, 1959** and last saw her **him** alive on **Oct. 30, 1959**
Death occurred at **11:50** **A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. F. Heusler, M.D. (Degree or title)	22b. ADDRESS 5400 Arsenal St.	22c. DATE SIGNED 10-30-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-2-59	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) St. Louis, County Mo
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24. FUNERAL DIRECTOR Buchholz Funeral Home ADDRESS 5967 W Florissant	25. DATE RECD. BY LOCAL REG. NOV 2 1959	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

moe

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 Stanley H. Dixon
Licensed Embalmer No. 4193

P. O. Address St. Louis

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.