

FILED VS JAN - 8 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'59 0 4 5 7 9 7

STATE FILE NUMBER
212110

Registration District No. Primary Registration District No.

Registrar

V. S. 300
Rev. 1-57

11.0
091
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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) S OR TOWN St. Louis Mo.		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hospital		d. STREET ADDRESS (If outside, give location) 4526 St. Louis Ave.	
Length of stay in lb I week		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Gertrude A O'Reilly			4. DATE OF DEATH Month Day Year dec 28 1959
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 1 1896
9. AGE (In years last birthday) 63		10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME John Mehofer	
13b. MOTHER'S MAIDEN NAME Anna Frederick		14. NAME OF HUSBAND OR WIFE James O'Reilly	
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. 496 22 9543	
17. INFORMANT Kenneth O'Reilly		Address 4526 St. Louis 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) CHRONIC CARDIAC FAILURE			INTERVAL BETWEEN ONSET AND DEATH 2 YES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) VALVULAR HEART DISEASE			20 YES ?
DUE TO (c) 421.4			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS AND PYELONEPHRITIS, PURULENT			19. WAS AUTOPSY PERFORMED? 1 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 OCT 1958 to PRESENT and last saw her alive on DEC 28, 1959 Death occurred at St. Louis Mo. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Rudhuay		22b. ADDRESS 3400 N. Highway	
22c. DATE SIGNED 12/29/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 31 1959	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Mo.	
24. FUNERAL DIRECTOR Collier's Funeral H. 10123 St. Charles		25. DATE RECD. BY LOCAL REG. DEC 30 1959	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D. M. G. B.			

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Sheldon Collins*

Licensed Embalmer No. *3382*

P. O. Address *St. Ann, Mo*

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.