URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

[redacted]

FILED VS FEB 25 1960

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1219 STATE FILE NUMBER 60-008697

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 19 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Johns Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: Pine Lawn
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4422 Jennings Road
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Bernard Middle: J. Last: O'Reilly
4. DATE OF DEATH: Month: 1 Day: 31 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/22/98
9. AGE (last birthday): 61
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bus Operator
10b. KIND OF BUSINESS OR INDUSTRY: St.L.Pub. Service
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Michael O'Reilly
13b. MOTHER'S MAIDEN NAME: Mary O'Reilly
14. NAME OF HUSBAND OR WIFE: Lena O'Reilly
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.: 493-10-9297
17. INFORMANT: Mrs. Lena O'Reilly, Address: 4422 Jennings Road

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): Cerebrovascular thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 h.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis
DUE TO (c): 332x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertensive cardiovascular disease
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ 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 1-10-1960 to 1-31-1960 and last saw ~~her~~ him alive on 1-31-1960
Death occurred at 11 Am on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Irvin Lembrecht (Degree or title) MD
22b. ADDRESS: 18 S. Ringshighway St. Louis
22c. DATE SIGNED: 2-2-1960

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: Feb. 3, 1960
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county): St. Louis (State): Mo.
24. FUNERAL DIRECTOR: Drehmann-Harral, ADDRESS: 1905 Union Blvd.
25. DATE RECD. BY LOCAL REG.: FEB 2 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

18 S. Kingshighway
Fo 1-0150
Hrs. 1-5 Mon.

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Warren A. Carve

Licensed Embalmer No. 353

P. O. Address_____

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