

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

REC'D AUG 12 1938

22387  
Death certificate no.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. *791*  
 (b) Township ..... Primary Registration District No. *1003*  
 (c) City *St. Louis Mo.* (d) Street No. *4367* *Washington* St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. *6081*2. PRINT FULL NAME *Julia Reardon* *635*

(a) Residence, No. *4367 Washington* St. *19*  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*About 68*

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *housekeeper*

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

13. NAME *Michael Reardon*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

15. MAIDEN NAME *Katherine Bergen*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

17. INFORMANT (ADDRESS) *John Reardon*  
*Plattsburg Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Plattsburg Mo* DATE *7-7* 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *O'Brien & Lyons*  
*Plattsburg Mo*

20. FILED *JUL 7 1938* *J. D. Bledsoe*  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-7* 19 *38*

22. I HEREBY CERTIFY, That *9/12/38* attended deceased from *2/6/38* 19.....

I last saw *her* alive on *9/6/38*, 19..... Death is said to have occurred on the date stated above, at *5:17* a.m.

The principal cause of death and related causes of importance were as follows:

*Pul. Tbc*

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Home*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John H. Bledsoe*

(Address) *4275 Washington*

**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed *Howard P. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *Stennis*

**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 this body is not embalmed, above space should be left blank.**