

NOV 16 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

33726  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 1 Registration District No. 1003  
(b) Township ..... Primary Registration District No.  
(c) City St. Louis Mo. (d) Street No. Isolation Hosp.  
(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 1/6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 8712

2. PRINT FULL NAME

(a) Residence, No. 3822 EVANS St. 11  
(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) AUGUST 20th 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
20 1 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME  
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) NORTH CAROLINA

13. NAME PATRICK O'REILLY 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND 6

15. MAIDEN NAME MARY DEMPSEY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

17. INFORMANT (ADDRESS) Stella Grady  
5600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Oct 6 1938

19. FUNERAL DIRECTOR (ADDRESS) Cullinane Bros  
1710 N Grand Blvd

20. FILED J. Bredeck  
Local Registrar.

OCT 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3. 1938

22. I HEREBY CERTIFY, That I attended deceased f  
9-29 1938, to 10-3-38, 1938  
I last saw her alive on 10-3- 1938. Death is  
to have occurred on the date stated above, at 7:00 p. m.  
The principal cause of death and related causes of importance were as follows:

Sepsis  
Staphylococci  
Furuncle Nose

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 .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? 1  
If so, specify See Dr. Boylston  
(Signed) See Dr. Boylston (Address) .....

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed

*Fred Trick*

Licensed Embalmer No. *3186*

**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.)**