

REC'D MAY 10 1939

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

13598

Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No. 791
 (b) Township..... Primary Registration District No. 1003 Registered No. 3940
 (c) City St. Louis (d) Street No. 4134 West North Bridge Blvd. 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.

2. PRINT FULL NAME 640 HENRY B. O'RIELLY,

(a) Residence, No. 4134 West Natural Bridge St. 10 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 8 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 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) St. Louis (STATE OR COUNTRY) Mo

FATHER 13. NAME Bernard O'Rielly

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

MOTHER 15. MAIDEN NAME Susan Ragen

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

17. INFORMANT William J. O'Rielly (ADDRESS) 1024 Bittner Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Apr. 29, 1939

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son (ADDRESS) 2161 East Fair Avenue

20. FILED 4/28/39 J.D. Budler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 27 1939

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 6:00 AM

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

Subal pneumonia
Arteriosclerosis of heart
 Date of onset

Other contributory causes of importance: -

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy yes

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?
 If so, specify Alfred Perry (Signed) Alfred Perry M.D. (Address) Alfred Perry Coronor

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 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.....

Samuel Hampton

Licensed Embalmer No.....

2967

P. O. Address.....

2161 E. Fair

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.