

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

6045

1. PLACE OF DEATH:

(a) County _____
 (b) City or town ST LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3746 Page Blvd
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ 2
 In this community 40 YEARS (Specify whether
 years, months or days) WHD

3. (a) PRINT FULL NAME DELLIA OREILLY3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex FE. 5. Color or race W
 6. (a) Single, widowed, married,
 divorced WIDOWED
 6. (b) Name of husband or wife
FRANK OREILLY 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased AUGUST 9 1866
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 11 23 hr. min.

9. Birthplace IRELAND
(City, town, or county) (State or foreign country)10. Usual occupation HOUSE WORK

11. Industry or business _____

MOTHER FATHER
 12. Name UNKNOWN
 13. Birthplace " "
 (City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace " "
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary E. O'Reilly
 (b) Address 3746 Page Blvd
 17. (a) Burial (b) Date thereof 7-20-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CALVARY 7 20 40

18. (a) Signature of funeral director James J. Brennan
 (b) Address 3038 Easton Ave
 19. (a) JUL 19 1940 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
 (c) City or town St Louis 11
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3746 PAGE
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 40 YEARS years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 17
 year 1940 hour 7 minute A M.

21. I hereby certify that I attended the deceased from
Jan 1940, 1940, to July 17, 1940
 that I last saw her alive on July 16, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
myocarditis with arterial
sclerosis. Duration _____

Due to _____

Due to _____
 Other conditions
 (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (a) Means of injury _____

28. Signature J. F. Bredeck (M. D. or other)
 Address 4901 Easton Ave Date signed 7/18

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.....

John Ketter

Licensed Embalmer No. *3880*

P. O. Address. *St. Louis 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 this body is not embalmed, above space should be left blank.