No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29676

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1458

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7208 Dale Ave. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Richmond Heights (If outside city or town limits write "RURAL")

(d) Street No. 7208 Dale Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME BRIDGET C. REILLY 400

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Andrew J? Reilly

6. (c) Age of husband or wife if alive years

7. Birth date of deceased FEB (Month) 15 (Day) 1860 (Year)

8. AGE: Years 80 Months 5 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) IRELAND (State or foreign country) 5

10. Usual occupation Tat homey

11. Industry or business

FATHER
12. Name Tom Mooney 5
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name BRIDGET MACKEN
15. Birthplace (City, town, or county) Ireland (State or foreign country) 5

16. (a) Informant Albert M. Reilly

(b) Address 7208 Dale Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M J Croghan

(b) Address 7146 Manchester Ave.

19. (a) AUG - 2 1940 (Date received local registrar) (b) (Registrar's signature) HJ

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1st year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Coronary occlusion	8/1/40
Due to	
Due to 94b	
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? (Specify type of place)

While at work? no (e) Means of injury

23. Signature John O Connell (M. D. ~~or other~~) 1

Address Coroner of St. Louis Co. Date signed 8/2/40

(Licensed Embalmer's Statement on Reverse Side)

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 Francis C. Williamson

Licensed Embalmer No. B565

P. O. Address 7146 Manchester

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.