No. 2
-1-4-41
-17-39
X26390

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. 37087

Registration District No. DEC 22 1941 791 Primary Registration District No. 1003 Registrar's No. 9317

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: Missouri Baptist Hospital D
(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 Missouri (b) County 000
(c) City or town St. Louis 6 14
(If outside city or town limits, write "RURAL")
(d) Street No. 1373 Granville Pl. 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Florance I Reardon,

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 27 (Day) 1883 (Year)

8. AGE: Years 57 Months 10 Days 25 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Chief Telephone Operator

11. Industry or business T.R.R. Assn.

FATHER
12. Name Michael Reardon, 1
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Bridget Ryan, 1
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Nellie B. Meagher
(b) Address 1373 Granville Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 - 25-4 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) NOV 24 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22 year 1941 hour 3 minute 40 p. m.

21. I hereby certify that I attended the deceased from March 3rd 1936, to Nov 22 1941, that I last saw him alive on Nov 22 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Intestinal obstruction - cause unknown	1 wk
Due to	
Due to	
Other conditions Parkinsons disease (Include pregnancy within 3 months of death)	15 years

Major findings:
Of operations
Of autopsy No Autopsy - undetermined

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) (e) Means of injury

23. Signature C. B. Grant (M. D. or other) MD
Address 114 N. Taylor Ave Date signed 11/24/41

(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. Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.