S. No. 2
M—5-42
v. 5-17-39
I X32873

4683

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 15 1943

Registrar's Distrct No. 818

Primary Registration District No. 1003

Registrar's No. 2072

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:
Alexian Bro Hosp 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 12 19

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4356 McPherson Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country xxx 0

3. (a) PRINT FULL NAME Alfred (AL) Reilly

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife XX XXXX

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

7. Birth date of deceased Nov 29th. 1883 (Month) (Day) (Year)

8. AGE: Years 59 | Months 3 | Days 2 | If less than one day hr. min.

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

10. Usual occupation Meat Cutter

11. Industry or business Reilly Meat Co

FATHER
12. Name Henry Reilly
13. Birthplace England 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bridget Hines
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant William Randon
(b) Address 4956 McPherson Ave

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/4/43 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of undertaker Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd

19. (a) MAR 15 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st. day March year 1943 hour 4:00 A.M. minute M.

21. I hereby certify that I attended the deceased from 1940, 19.. to 3/1, 1943 that I last saw him alive on March 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia Poisoning	2 days
Due to Suppression of urine	10 days
Due to Cardiac Asphyxia	2 years
Other conditions (Include pregnancy within 3 months of death) Chronic Nephritis	
General Anasarca	

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? (e) Means of injury

23. Signature A. McDonald (M. D. or other)
Address 2416 N. Grand Date signed 3/2/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#P

Dr Terall
Grand & N Market

2704 Cass FR 4270
10-12 — 3-4
a.m. p.m.

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 Homer W. Fritz

Licensed Embalmer No. 3882

P. O. Address.....

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, fact should be so stated above.