No. 2
-9-4-41
-17-39
X29466

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. 4418

FILED FEB 7 1944

Registration District No. 317 Primary Registration District No. 3070 Registrar's No. 291

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Glenwood Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Institution (Specify whether years, months or days) In this community 5 months 17 days

2. USUAL RESIDENCE OF DECEASED: 997

(a) State Illinois (b) County Randolph

(c) City or town Chester (If outside city or town limits, write "RURAL") 0

(d) Street No. 304 Harrison (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country —

2

3. (a) PRINT FULL NAME James M. O'Reilly

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Jessie L. O'Reilly

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased August (Month) (Day) 1875 (Year)

8. AGE: Years 69 Months — Days — If less than one day hr. min.

9. Birthplace New York City (City, town, or county) New York (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business General Farming

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Nathan Cohen

(b) Address Leslie Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/3/44 (Month) (Day) (Year)

(c) Place: burial or cremation Chester Ill

18. (a) Signature of funeral director John G. Schneider

(b) Address Chester Ill

19. (a) FEB 3 1944 (Date received local registrar) (b) E. J. McGovern, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd year 1944 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from Aug. 17th, 1943, to Feb. 3rd, 1944 that I last saw him alive on Feb. 3rd, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis	2
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hypertension	2

Major findings:
Of operations
Of autopsy 97

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 (1)

23. Signature Paul Hines M.D. (M. D. or other)

Address Webster Groves, Mo. Date signed 2-3-44

707 (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

Oscar G. Schroeder, Registered Apprentice No.

working under my personal supervision.

Signed Oscar G. Schroeder

Licensed Embalmer No. 1751

P. O. Address Cheshire Ill.

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

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