No. 2
-12-45
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6853

FILED MAR 11 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2091

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

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:
4935 Lindenwood Ave
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4935 Lindenwood Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph C. Reilly

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Cordelia F. Reilly

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

7. Birth date of deceased April 18, 1858
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 9 If less than one day hr. min.

9. Birthplace Rochester (City, town, or county) N.Y. (State or foreign country)

10. Usual occupation Retired Millner

11. Industry or business

FATHER
12. Name Joseph W. Reilly
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

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

16. (a) Informant Miss Cordelia E. Reilly
(b) Address 4935 Lindenwood Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc
(b) Address 2161 East Fair Ave

19. (a) FEB 28 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th year 1947 hour 12:45 AM minute M.

21. I hereby certify that I attended the deceased from 2-26-47, 19..., to 2-27-47, 19...; that I last saw h. in alive on 2-26-47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute Cardiac Failure
Arterior Sclerosis — years
Due to Infirmities of age
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

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 George T. Mehard M.D. (M. D. or other)
Address 3903 Olive St. Date signed 2-28-47

(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 Wilford G Burnley

Licensed Embalmer No. 42002

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, fact should be so stated above.