

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Office of Vital Statistics
FILED SEP 2 1947

1779
Registrar's No.

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Manchester Nursing Home 4
(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: 0000

(a) State Missouri (b) County..... 17

(c) City or town..... (If outside city or town limits, write "RURAL") 9

(d) Street No. 7801 Nashville (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country.....

3. (a) PRINT FULL NAME John Reidy

3. (b) If veteran, name war no 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased August 4 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 0 9 ..hr. ..min

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

10. Usual occupation none

11. Industry or business none

12. Name John Riedy

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

14. Maiden name Denoyer

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

16. (a) Informant William Riedy

(b) Address 8801 Nashville

17. (a) burial (b) Date thereat: 8-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olive Cem.

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) 8-19-47 (b) Beulah Stoyne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1947 hour 9:00 minute am M.

21. I hereby certify that I attended the deceased from Nov. 10
46 to Aug 13, 1947
that I last saw him alive on Aug 12, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chr myocarditis
aggravated by heat
Due to sterility
Due to Parkinsonian syndrome
Other conditions..... asd
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration
PHYSICIAN
Underline the cause of 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) 0
While at work?..... (e) Means of injury.....
Signature Ch Denoy (M. D. or other) MD
Address Crow Loan, Mo Date signed 8-14-47

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

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 *Allen Davis, Jr.*
Licensed Embalmer No. *4053*
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.