No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33096

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9157

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: De Paul Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 wks. (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5243 Nagel Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----------

3. (a) PRINT FULL NAME TUETH, BEATRICE T.
3. (b) If veteran, name war -------
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Francis P.
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased March (Month) 12th. (Day) 1914 (Year)

8. AGE: Years	Months	Days	If less than one day
33	6	18	---- hr. ---- min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Francis J. O'Reilly
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary M. Moore
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Francis P. Tueth
(b) Address 5243 Nagel Ave. St. Louis.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director JLZiegenhein&Sons
(b) Address 7027 Gravois Ave. St. Louis, 16
19. (a) OCT 2 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 30th. year 1947 hour 4 minute P M.
21. I hereby certify that I attended the deceased from 1945, to Sept 30 1947; that I last saw him alive on Sept 30 1947. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Interstitial nephritis	7 yrs.
Due to Toxemia of pregnancy (5)	7 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
While at work? (e) Means of injury

23. Signature Thos. M. Dyers (M. D. or other)
Address 2422 N. Grand Date signed 10/2/47

Jefferson City Printing Co. (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 W. G. Peterson

Licensed Embalmer No. 3637

P. O. Address 7027 Grove

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.