

BUREAU OF THE CENSUS
FILED NOV 1 1947

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. 10152

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: 4261 Hartford St.
(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 (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Thomas P. 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 Married

6. (b) Name of husband or wife Gertrude 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Sept 26 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>1</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation Cashier

11. Industry or business Famous Barr Co

MOTHER FATHER { 12. Name William Reidy

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

14. Maiden name Catherine Cullen
(City, town, or county) (State or foreign country)

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

16. (a) Informant Gertrude Reidy

(b) Address 4261 Hartford St.

17. (a) Burial (b) Date thereof Nov 5 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary

(b) Address 6464 Chippewa St.

19. (a) NOV 3 1947 (b) Registrar's signature J. F. Bradeau
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County WALDO
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 16 4261 Hartford St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9
 year 1947 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from Sept 20, 1947
 _____, 19____, to Nov 2, 1947

that I last saw him alive on Nov 1, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism Duration _____

Due to _____

Due to _____

Other conditions Large cancer of bladder
(Include pregnancy within 3 months of death)

Major findings: Of operations Cancer of bladder PHYSICIAN _____

Of autopsy _____ 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature J. F. Bradeau (M. D. or other) _____

Address 964 arcade Date signed 11/3/47

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

Dr. Koenig
Arcade Bldg.

12:00 to 3:00

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.....

Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address. 7814 S. Broadway

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, above space should be left blank.