

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 43381  
Registrar's No. 11958

Registration District No. 310 Primary Registration District No.

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: ST. JOHNS HOSP.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 DAY  
Specify whether  
In this community 1 DAY  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Old  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8554 Oriole ST.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MARY O'REILLY  
3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE

4. Sex FEMALE race WHITE 5. Color or WHITE  
6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife THOMAS O'REILLY  
6. (c) Age of husband or wife if 6 years  
7. Birth date of deceased April 6 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 8 23 hr. min.

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

10. Usual occupation HOUSE WIFE

MOTHER FATHER  
11. Industry or business  
12. Name JOHN LANE 4  
13. Birthplace IRLAND (City, town, or county) (State or foreign country)  
14. Maiden name SARAH MORRISSEY 4  
15. Birthplace IRLAND (City, town, or county) (State or foreign country)

16. (a) Informant Marquarite Zimmer  
(b) Address 8554 Oriole ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 31-1947  
(Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Diedrich F. Home

(b) Address 8319 Holly Ferry Rd.

19. (a) DEC 30 1948 (Date received local registrar) (b) J. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 29  
year 1947 hour 2:45 minute P. M.  
21. I hereby certify that I attended the deceased from 3-15-46 1946 to 12-29-47 1947  
that I last saw her alive on Dec 29, 47 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolus Duration 3 hrs  
Due to Hypertension 10 yrs

Due to 94  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy  
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?

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

23. Signature E.H. Bowdler (M. D. or other) M.D.  
Address 1034 N. Grand Date signed 12-29-47

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

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**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

*Chas R. Caldwell*

Licensed Embalmer No. 4077

P. O. Address.....

**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.**