

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6998

State File No. ....

003  
533

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 390

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKWOOD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKWOOD</u> <u>4613</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STAGNES HOME</u>		d. STREET ADDRESS (If rural, give location) <u>#10341 MANCHESTER ROAD</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u> b. (Middle) <u>J.</u> c. (Last) <u>REARDON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 13-1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG. 3-1857</u>
9. AGE (In years last birthday) <u>92</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CITY FIREMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CAPT. CO. 5</u>
11. BIRTHPLACE (State or foreign country) <u>NEW YORK, NY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MICHAEL REARDON</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>MARY KELLY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary C. McDonnell</u> ADDRESS <u>W. Kirkwood 122</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>diarrhea</u> DUE TO (c) <u>sepsis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Jan 13, 1949</u> to <u>Feb 13, 1950</u> , that I last saw the deceased alive on <u>Feb 13, 1950</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. Volen...</u> (Degree or title)		23b. ADDRESS <u>522 W. Big Bend</u>	
23c. DATE SIGNED <u>2/13/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>FEB 15 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Mullen</u> ADDRESS <u>516 S. Delmar Bl</u>	
DATE REC'D BY LOCAL REG. <u>FEB 14 1950</u>		REGISTRAR'S SIGNATURE <u>Robert A. Calan...</u>	

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

W. J. Vallman.  
55 W. Big B. - 2

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. J. Vallman

Licensed Embalmer No. 3384

P. O. Address St. Louis

**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.