

FILED MAY 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13752
Registrar's No. 3889

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give OR town) St. Louis		a. STATE Texas	b. COUNTY Dallas
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Dallas	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		STREET ADDRESS (If rural, give location) 4224 Armstrong Parkway \$420	

3. NAME OF DECEASED (Type or Print) MARY	a. (First)	b. (Middle)	c. (Last) O'REILLY	4. DATE OF DEATH (Month) 5 (Day) 1 (Year) 55
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 15, 1895	9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Dallas, Texas	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME T. F. Larkin	13b. MOTHER'S MAIDEN NAME Margaret Corbett Larkin	14. NAME OF HUSBAND OR WIFE Hugh O'Reilly
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME T. F. Larkin-4224 Armstrong Parkway, Dallas	ADDRESS Dallas
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1-2 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brown Tumor -		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b)		
	DUE TO (c)		
	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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 237x
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22. I hereby certify that I attended the deceased from 4/30, 1955, to 5/1, 1955, that I last saw the deceased alive on 5/1, 1955, and that death occurred at 9 P. M., from the causes and on the date stated above.

23a. SIGNATURE Edmund A. Amuse	(Degree or title) Mr. Beauvoir Mel B. B. B.	23b. ADDRESS	23c. DATE SIGNED 5/2/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 5-2-55	24c. NAME OF CEMETERY OR CREMATORY Calvary Hill Cemetery	24d. LOCATION (City, town, or county) Ballas, Texas (State)
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DATE REC'D BY LOCAL REG. MAY 2 1955	REGISTRAR'S SIGNATURE J. Earl Smith m.d.	25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons-7233 Delmar Blv'd.	ADDRESS
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B.P. (Licensed Embalmer's Statement on Reverse Side)

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

130-4:30 PM

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
Signature of Student Embalmer

Signed *Clarence A. Murray*

Licensed Embalmer No. *401*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.