

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24258**
Registrar's No. **5584**

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)
a. STATE _____ b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **Jewish Hospital** e. STREET ADDRESS (If rural, give location) **1148 Chambers (r) St.**

3. NAME OF DECEASED (Type or Print) a. (First) **Mary** b. (Middle) **Belle** c. (Last) **Reardon (Fox)** 4. DATE OF DEATH (Month) (Day) (Year) **6 24 55**

5. SEX **F** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Dec. 7th 1877** 9. AGE (in years last birthday) **77** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 10 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired** 10b. KIND OF BUSINESS OR INDUSTRY **Hullings Rest.** 11. BIRTHPLACE (City and State or Foreign Country) **Bollinger Co. Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **James P. Williams** 13b. MOTHER'S MAIDEN NAME **Nancy Maloney** 14. NAME OF HUSBAND OR WIFE **Wm. J. Reardon**

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. **492-05-0365** 17. INFORMANT'S SIGNATURE OR NAME **Daniel Fox** ADDRESS **1911 Blair Ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Occlusion**
Sub-Phrenic abscess
ANTECEDENT CAUSES DUE TO (b) **Perforated Gall Bladder**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **Perforated Gastric Ulcer**

19a. DATE OF OPERATION **5/4/55** 19b. MAJOR FINDINGS OF OPERATION **Perforated Ulcer**
Perforated Gall Bladder 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **586 X1**

22. I hereby certify that I attended the deceased from **5/4/55**, 19____, to **6/24/55**, 19____, that I last saw the deceased alive on **6/24/55**, 19____, and that death occurred at **4:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Clavin Goldfarb MD** (Degree or title) 23b. ADDRESS **607 N. Grand** 23c. DATE SIGNED **6/27/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **6/28/55** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **JUN 27 1955** REGISTRAR'S SIGNATURE **Robert D. Kinealy** 25. FUNERAL DIRECTOR'S SIGNATURE **Robert D. Kinealy** ADDRESS **2228 St. Louis**

(Licensed Embalmer's Statement on Reverse Side)

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

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, *Bill C. Brannon*.....

Licensed Embalmer No. *476*.....

P. O. Address *St. L.*.....

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.