

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037499

STATE FILE NUMBER

REC'D OCT 28 1958

Registration District No. 0310

Primary Registration District No. 3058

Registrar's No. 240

S. 300.
1-57.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		c. CITY OR TOWN St. Charles	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		Length of stay in 1b 09 1/2 STREET ADDRESS St. Joseph's Hospital	
3. NAME OF DECEASED (Type or print) First EMMA Middle L Last REILY		4. DATE OF DEATH Month October Day 19th Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 30, 1869
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Western Union Clerk		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. AGE (In years last birthday)
11. BIRTHPLACE (City and state or country) Indiana /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unk.		13b. MOTHER'S MAIDEN NAME Hawkins	
14. NAME OF HUSBAND OR WIFE James F. Reily		Address	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give name or dates of service) no none		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. R. J. Crider		Address South River Road St. Charles Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus @ generalized arteriosclerosis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 491X	
20g. COUNTY		20h. STATE	
21. I attended the deceased from July 1-58 to 10/19/58 and last saw ^{her} him alive on 10/19/58 Death occurred at 3 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George E. Kaler		22b. ADDRESS St. Charles, Mo. 302 South Second Street	
22c. DATE SIGNED 10/20/1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 22, 1958	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		23d. LOCATION (City, town, or country) (State) St. Louis Missouri.	
24. FUNERAL DIRECTOR C. R. LUPTON & SONS		25. DATE RECD. BY LOCAL REG. Oct 20-58	
ADDRESS 7233 DELMAR BLVD.		26. REGISTRAR'S SIGNATURE Margaret Wilson	

NOV 8 1958

St. Charles County
Randolph 4-6336
Hours 1-12 4

*Mr. Chas. Williams -
902 Jefferson SW
Kansas City Mo 64114
Wald Knapp - Dept. Public
1477 1st or 2nd street*

VS DEC 4 1959

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*
P. O. Address *St. Louis, Mo*

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.