ept. Health,
c., & Welfare
. S. Public
alth Service

V. S. 300
ev. 1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-038085

STATE FILE NUMBER 10464

NOV 10 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Faith Hospital — Length of stay in this place: 7 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4526 St. Louis Ave — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First James Middle J. Last O'Reilly

4. DATE OF DEATH: Month Oct Day 30 Year 1958

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐

8. DATE OF BIRTH: July 26 1894

9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 3 Days 4 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Laclede Gas Co.

11. BIRTHPLACE (City and state or country): St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Patrick O'Reilly
PATRICK O'REILLY

14. MOTHER'S MAIDEN NAME: Bridget O'Connor
BRIDGET O'CONNOR

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War # I

16. SOCIAL SECURITY NO.: 493 09 6513

17. INFORMANT: Gertrude O'Reilly — Address: 4526 St. Louis

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 1d
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Massive Myocardial Infarct. — 7 weeks
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1950 to Oct 30 1958 and last saw her/him alive on Oct. 30 1958
Death occurred at 6:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Joseph B Guccione MD (Degree or title)

22b. ADDRESS: 3400 N. Kingshighway

22c. DATE SIGNED: 10/30/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Nov. 3 1958

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis Mo.

24. FUNERAL DIRECTOR ADDRESS: Cullinane Bros. 3320 N. Kingshighway

25. DATE RECD. BY LOCAL REG.: NOV - 1 '58

26. REGISTRAR'S SIGNATURE: J. Earl Smith MD
H.T.

(Licensed Embalmer's Statement on Reverse Side)

(7)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edward H. Remedi

Licensed Embalmer No. 428

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.