WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34854

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9030

City St Louis (No. 5160 Enright Ave St. ..... Ward)

2. FULL NAME Ellen O'Brien

(a) Residence, No. 5160 Enright St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James O'Brien

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 - 1850

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
82	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

FATHER

13. NAME Patrick Fahey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Julia O'Brien

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mary O'Brien 5160 Enright Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem DATE Oct 20th 1933

19. UNDERTAKER (ADDRESS) Mullen Mud Co 5165 Delmar Bl

20. FILED OCT 19 1933 19 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1933, to Oct 18, 1933

I last saw her alive on Oct 10, 1933 Death is said to have occurred on the date stated above, at 5 33 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1925
131	
97	
131	

Other contributory causes of importance:

Chronic Interstitial	1925
Nephritis	
0	

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) W. E. Jones, M. D.

(Address) 4500 Clin St

Dr W. T. Jones
Lister Bldg
2-4
Rp 2866