

FEB 12 1938

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

147
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **St. John's Hospital** Registered No. **3**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Catherine O'Brien 1.65
(a) Residence, No. **1709 N. Grand Blvd.** St. **11**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Thomas P. O'Brien**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 28, 1876.**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 10 2
8. Trade, profession, or particular kind of work done, as **lawyer, bookkeeper, etc.** **At Home**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
St. Louis Mo.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
13. NAME **Harry Shannon**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**
15. MAIDEN NAME **Sarah McElhatten**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**
17. INFORMANT **Mr. Thomas P. O'Brien**
(ADDRESS) **1709 N. Grand Blvd.**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Jan. 3, 1938**
19. FUNERAL DIRECTOR **Arthur J. Donnelly Untd. Co.**
(ADDRESS) **3840 Lindell Blvd.**
20. FILE **JAN 1 1938** **J. J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 30, 1937** 19
22. I HEREBY CERTIFY, That I attended deceased from **Sept 12**, 19**36**, to **Dec 30**, 19**37**.
I last saw her alive on **Dec 30**, 19**37**. Death is said to have occurred on the date stated above, at **3:45 PM.**
The principal cause of death and related causes of importance were as follows:
Carcinoma of Bladder *unusually of onset*
Hypertension
Chronic Myocarditis
Primary focus of cancer in urinary bladder
Other contributory causes of importance:
Stenohage of Bladder
Name of operation **Cystoscopy - Fulguration** Date of **9-14-36**
What test confirmed diagnosis? **Section** Was there an autopsy?
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?
Go on, specify **Robert J. Healey**, M. D.
(Signed) (Address) **634 No. Grand**

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.

DD

STATEMENT BY LICENSED EMBALMER

I, Stanley Marchlewski, Licensed Embalmer No. 2868

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Stanley Marchlewski

Licensed Embalmer No. 2868

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.)