

DEC 8 APR 8 1938

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

12183  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis 1 Registration District No. 784  
(b) Township NORMANDY Primary Registration District No. 200 Registered No. 569  
(c) City NORMANDY (d) Street No. UMACULATE HEART HOME 7626 NAT. BRIDGE St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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.

2. PRINT FULL NAME

ELIZABETH O'BRIEN 165  
(a) Residence, No. 1826 BENTON STR St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 25<sup>TH</sup> 1862

7. AGE YEARS 75 MONTHS 10 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED SHIRT  
9. Industry or business in which work was done, as saw mill, bank, etc. FORELADY FACTORY  
10. Date deceased last worked at this occupation (month and year) JUNE 1928 11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO

13. NAME ANDREW O'BRIEN

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

15. MAIDEN NAME JOHANNA HAYS

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

17. INFORMANT (ADDRESS) Mrs. Sarah Preper 1826 A Benton St.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE MCH. 29<sup>TH</sup> 1938

19. FUNERAL DIRECTOR (ADDRESS) BROCKLAND UND. CO. 1827 HOGAN STR.

20. FILED 3-28 1938 J.R. Meyer M.D. M.P. N Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MCH. 26<sup>TH</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 22<sup>d</sup>, 1936, to March 10<sup>d</sup>, 1938  
I last saw her alive on March 25, 1938 Death is said to have occurred on the date stated above, at 4:20 P. m.  
The principal cause of death and related causes of importance were as follows:

Uremia  
Ch. hepatitis  
1st myocardial infarction  
Other contributory causes of importance: 131  
several arteriosclerosis

Date of onset  
3 days  
yes  
2 years  
yes

Name of operation ..... Date of .....  
What test confirmed diagnosis? lab Was there an autopsy? yes

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? .....  
If so, specify Arteriosclerosis, M. D.  
(Signed) Archer S. Swallow  
(Address) 222 Clarence St

I X12504  
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.

STATEMENT BY LICENSED EMBALMER

I, John B. Brockland, Licensed Embalmer No. 93

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

..... L. E. ....

No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed John B. Brockland  
Licensed Embalmer No. 93

**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.)**