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.

REC'D JUL 12 1938

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

19915
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1008 Registered No. 5054
(c) City St. LOUIS (d) Street No. MISSOURI PACIFIC-HOSPITAL
(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 Daniel O'Brien 165
(a) Residence, No. ..... St. NR Monroe, Louisiana
(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: Male
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: Ella G. O'Brien

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 1st. 1858.

7. AGE: YEARS 80 | MONTHS 1 | DAYS 30 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R. Conductor
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) 1925
11. Total time (years) spent in this occupation 30yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Moweagua Illinois 1

FATHER
13. NAME: Richard O'Brien 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

MOTHER
15. MAIDEN NAME: Mary E. Doyle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Gertrude Steuer, 3628 De Tonty, St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Vandalia, Ill. DATE June 3rd. 1938

19. FUNERAL DIRECTOR (ADDRESS): Albert H. Hoppe, Inc., 429 N. Euclid, Ave.

20. FILED JUN 1 1938 (19..) J. D. Bredick, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1938.

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to May 31, 1938
I last saw him alive on May 31, 1938. Death is said to have occurred on the date stated above, at 3:17 P.m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Arteriosclerosis
Chronic Myocarditis

Date of onset

Other contributory causes of importance:
Diabetic Gangrene Right Foot and Ankles

Name of operation ..... Date of .....
What test confirmed diagnosis? Blood 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) David A. Goldman, M. D.
(Address) Missouri Pacific Hospital

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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 J. G. Sullivan

Licensed Embalmer No. 1122

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)