

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7328 Michigan
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

8. (a) PRINT FULL NAME William J. O'Brien

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife late Margaret O'Brien 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 18th, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	5	16	_____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Police Lieutenant

12. Name Timothy O'Brien

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary W. McMurray

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Timothy O'Brien

(b) Address 7328 Michigan

17. (a) Burial (b) Date thereof 9-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(While at work) (Specify type of place)

(b) Address 6322 S. Grand Blvd.

19. (a) SEP 4 1940
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 7328 Michigan
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd,
year 1940 hour _____ minute 2a. M.

21. I hereby certify that I attended the deceased from June 35 to Sept 3, 1940
that I last saw ~~her~~ him alive on 8/27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to _____

Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 59

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 5114

23. Signature J. P. Beck (M. D. or other) _____
Address 5417 So Grand Blvd Date signed 9/4/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. Reed
11-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

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

Signed Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo.

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.)

If this body is not embalmed, above space should be left blank.