

Registration District No. ....

791

Primary Registration District No. ....

1003

Registrar's No. 8955

1. CAUSE 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:  
McCausland & Pernod  
(If not in hospital or institution, write street number or location)  
none

(d) Length of stay: In hospital or institution..... 3  
(Specify whether)

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 6935 Pernod  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28  
year 1940 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart stop from pulmonary  
arteries and vein of atherosclerosis  
spasm suffered when crushed  
by S. M. P. truck driving over  
Thomas Engel, which had been  
driven by one Henry Hazeman  
at intersection of Pernod and  
Campland.  
Criminal Caseless against  
Henry Hazeman

Other conditions at intersection of Pernod and  
Campland, Oct 28 1940  
(Include pregnancy (this month of death))

Major findings Criminal Caseless against  
Henry Hazeman  
Of operation.....

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Crim. Caseless

(b) Date of occurrence Oct 28 1940

(c) Where did injury occur? St Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
public place

While at work? yes (Specify type of place) (e) Means of injury Auto

23. Signature J. J. Bredek (M. D. or other)  
Address St Louis Mo Date signed 10/30/40

3. (a) PRINT FULL NAME James Arthur O'Brien

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 27, 1925  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
15 6 1 hr. min.

9. Birthplace St. Louis, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation In school

11. Industry or business.....

12. Name Arthur N. O'Brien

13. Birthplace St. Louis, Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy M. Eagle  
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis, Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy O'Brien

(b) Address 6935 Pernod

17. (a) Burial (b) Date thereof 10-31-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) 10-30-1940 (b) J. J. Bredek  
(Date received) (Registrar's signature)

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

NOV 16 1940

**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.....

*J. P. Burgess*

Licensed Embalmer No. ....

*4029*

P. O. Address.....

*Maplewood*

**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, fact should be so stated above.**