

FEB 25 1941

Registration District No. 791

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Mo. 1 Day
(Specify whether years, months or days)
 In this community 36-Years

3. (a) PRINT FULL NAME John O'Brien

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.

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

7. Birth date of deceased May 2, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>8</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Dennis O'Brien

13. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Handley

15. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Jeane

(b) Address 3225 N. Florissant Ave.

17. (a) Burial (b) Date thereof 1-11-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary 840

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JAN 10 1941 (b) J. J. Bredesh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000
 (c) City or town St. Louis 20/7
(If outside city or town limits, write "RURAL")
 (d) Street No. 3225 N. Florissant Ave. 9
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10,
 year 1941 hour 3:45 minute A. M.

21. I hereby certify that I attended the deceased from December
9, 1940 to January 10, 1941;
 that I last saw him alive on January 10, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular Pneumonia 4 weeks
Hypostatic

Due to Aneurysm of Pituitary Gland 3 yrs.

Due to non malignant

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy as above

Duration

PHYSICIAN

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) _____
 (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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury D

23. Signature Roger W. Russell (M. D. or other)
 Address 151 1/2 Lafayette Ave. Date signed 1/15/41

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Rudell

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.