No. 2
4-13-40
5-17-39
PI X23159

FILED APR 21 1941

NO EMBALM

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9284
2694

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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

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: St. Luke's Hospital
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County VR. 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 905 N. 3rd 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Maggie O'Brien
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Daniel W.
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased March (Month) 20 (Day) 1880 (Year)
8. AGE: Years 61 Months 0 Days 4 If less than one day hr. min.
9. Birthplace Boone Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name John Neal
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Emma Robinson
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant D. W. O'Brien
(b) Address Columbia, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/25/41 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) MAR 25 1941 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25 year 1941 hour 12 minute 01 A.M.
21. I hereby certify that I attended the deceased from 3/16/41, 19..., to ..., 19...; that I last saw her alive on 3/24/41, 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Brain Tumor Malignant 3-4 yrs.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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

23. Signature R. D. Woolsey (M. D. or other)
Address 4952 Maryland Date signed 3/23/41

(Licensed Embalmer's Statement on Reverse Side)

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.

No Embalm

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.