

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

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12468

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2898

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town. St. Louis, Mo.  
(c) Name of hospital or institution: City Infirmery 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 mo., 23 days  
In this community 44 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Katherine O'Brien  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 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. June 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	8	12	hr. _____ min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name William O'Brien  
13. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Wilson  
15. Birthplace Unknown Pa.  
(City, town, or county) (State or foreign country)

16. (a) Informant John Sullivan  
(b) Address 5800 Arsenal St.

17. (a) \_\_\_\_\_ (b) Date thereof 3-27-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. R. R. R.  
(b) Address \_\_\_\_\_

19. (a) APR - 2 1941 (Date received local registrar)  
J. P. Credok (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 12 9  
(d) Street No. 5800 Arsenal  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar. day 9  
year 1941 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Mar. 3, 1941, to Mar. 9, 1941  
that I last saw her alive on Mar. 9, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Osteo myelitis Septicemia (Septicemic) Fracture of Left Femur when she was struck about 11:15 AM June 12, 1940  
Other conditions Profit of 3900 O'Connell  
(Include pregnancy within 3 months of death)  
Major findings: Deceased was pedestrian  
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) Accident  
(b) Date of occurrence June 12 1940 000  
(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

23. Signature W. R. R. R. (M. D. or other) 3  
Address St Louis Date signed 3/18/41

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

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**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.....

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.**