S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20437

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5249

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: 3021 N. Sarah
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 600

(c) City or town St. Louis 1710
(If outside city or town limits, write "RURAL")

(d) Street No. 3021 N. Sarah 7
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

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

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Ida

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

7. Birth date of deceased JULY (Month) 10, (Day) 1870 (Year)

8. AGE: Years 70 Months 11 Days 14 If less than one day hr. min.

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

10. Usual occupation decorator

11. Industry or business self

FATHER
12. Name John O'Brien
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Catherine Kelly
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mary O'Brien
(b) Address 3021 N. Sarah

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 27, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Harrigan - Sheahan
(b) Address 4415 Washington Blvd.

19. (a) JUN 26 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 th
year 1941 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 1, 1940, to June 24, 1941
that I last saw her alive on 6-24-41, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute endocarditis caused by	
Due to arteriosclerosis	
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 [signature] (M. D. or other)
Address 28037 Kingsbury Date signed 6-26-41

(Licensed Embalmer's Statement on Reverse Side)

2801 N. Kingsbury Way
1-2 p.m.
7-8 p.m.

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 Homer W. Fritz

Licensed Embalmer No. 3882

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, above space should be left blank.