

No. 2
4-13-40
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26817

REGISTRATION DISTRICT NO. 791

PRIMARY REGISTRATION DISTRICT NO. 1003

REGISTRAR'S NO. 6609

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:
5527 Landsdowne
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 5527 Landsdowne
(If rural, give location)

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

3. (a) PRINT FULL NAME Fanny Ladue O'Brien

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thomas J. 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July 20, 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-11-41 day _____
year 1941 hour 12-30 minute _____ P.M.

21. I hereby certify that I attended the deceased from Sept 15 1940 to Aug 11 1941 that I last saw her alive on 8-11-41 and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>63</u> | <u>20</u> | <u>22</u> | hr. _____ min. |

Immediate cause of death Carcinoma Duration _____

Due to Carcinoma Ovary

Due to _____

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

Major findings: Of operations Carcinoma Ovary

Of autopsy _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Chester Munson

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

14. Maiden name Theresa Pollard

15. Birthplace Verjames Vermont
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas O'Brien
(b) Address 5527 Landsdowne

17. (a) Burial (b) Date thereof 8-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director C. Hoffmeister
(b) Address 7814 S. Broadway

19. (a) AUG 13 1941 (b) J. H. Braddock
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature PB Cappel (M. D. or other) _____
Address 3284 Brentwood Date signed 8-13-41

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.....

Linus C. Hoffmeister

Licensed Embalmer No.....

3871

P. O. Address.....

7814 S. Broad

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.