

FILLED OCT 7 1941

State File No. _____

Registrar's No. 2027

Registration District No. 184

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Private Nursing Home
(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 _____ (b) County 96
(c) City or town W. Ballwin (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS O'BRIEN

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 4
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased 8-25-62
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 8 If less than one day
_____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant John Crest Wengert
(b) Address Ballwin, Mo.

17. (a) _____ (b) Date thereof 9-14-41
(Month) (Day) (Year)

(c) Place: burial or cremation W. Ballwin

18. (a) Signature of funeral director W. Ballwin

(b) Address _____

19. (a) OCT 6 - 1941 (Date received local registrar) (b) E. J. McSahan, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd
year 1941 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from July 15th 1941, to Sept 3 1941
that I last saw him alive on Sept 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to _____
Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 5 months of death)

Major findings:
Of operations 40%
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) _____ (e) Means of injury _____

23. Signature R. W. Wauson (M. D. or _____)
Address Manchester, Mo. Date signed 9/3/41

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

31
0
0

79-7-8

1862-1-1

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.