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

DEPARTMENT OF COMMERCE
(BUREAU OF THE CENSUS)

FILED OCT 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32612

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 2082

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8517 Orchard /
(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 St Louis 96

(c) City or town University City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 8517 Orchard 5
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME James OBrien

3. (b) If veteran, name war .....

3. (c) Social Security No. 488-09-5528

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Edna Ruffner OBrien

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased april (Month) 17 (Day) 1876 (Year)

8. AGE: Years 65 Months 5 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation Brewery worker

11. Industry or business .....

FATHER
12. Name James OBrien
13. Birthplace O (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Margurite Cassidy
15. Birthplace O (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Edna OBrien
(b) Address 8517 Orchard, Univ. City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr. Kirkwood, Mo.

19. (a) OCT 12 1941 (Date received local registrar) (b) C. H. McCarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct. day 11 year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw h. ..... alive on ..... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy Chronic myocarditis

Duration

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 O

23. Signature G E Barnett (M. D. ~~coroner~~)
Address Kirkwood, Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

OCT 2 3 1941

OCT 2 0 1941

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 John M Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.