V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1942 791

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23001

Registration District No. 1003

Primary Registration District No.

Registrar's No. 6373

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town ST. LOUIS 25 17
(If outside city or town limits, write "RURAL") 9

(d) Street No. 107 N. 6TH STR.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME James O'Brien

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 0

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 MAR. - 15 - 1861 (Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation NONE

11. Industry or business

FATHER
12. Name UNKNOWN 9
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace " 9 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Dunley
(b) Address 2351 Mullanphy

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Bullen & Kelly
(b) Address 1416 N. Taylor ave.

19. (a) JUL 29 19 42 (Date received local registrar) (b) J. F. Budesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25, year 1942 hour 4:50 minute A. M.

21. I hereby certify that I attended the deceased from July 20, 1942, to July 25, 1942; that I last saw him alive on July 25, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic heart disease

Due to: Generalized arteriosclerosis

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 0

23. Signature [illegible] (M. D. or other)

Address 1515 Lafayette Avenue, Date signed 7/25/42

(Licensed Embalmer's Statement on Reverse Side)

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Glenn E. Anderson

Licensed Embalmer No. 4141

P. O. Address St. Louis, Mo.

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.