

APR 23 1943

318

Registration District No.

Primary Registration District No. 1002

Registrar's No.

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:
en route to City Hospital. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town City of St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3866 Bowen St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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12
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3. (a) PRINT FULL NAME Leo F. O'Brien

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Pauline O'Brien 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 4 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 5 hr. _____ min.

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

10. Usual occupation Dentist

11. Industry or business _____
12. Name Martin O'Brien

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

14. Maiden name Louise Young

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

16. (a) Informant Mrs. Pauline O'Brien
(b) Address 3866 Bowen

17. (a) burial (b) Date thereof 4-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maxwell Mo.

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 So. Grand Blvd.

19. (a) APR 24 1943 J. F. Buddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1943 hour 10 minute a M.

21. I hereby certify that I attended the deceased from Dec 10
1942 to April 8 1943
that I last saw him alive on April 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endo Carditis Duration 1 year

Due to Asthma 6 mo

Due to Chronic gastritis 8 yrs.

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations - / 3 /
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 0

23. Signature Walter J. Kelly (M. D. or other) MD
Address 9915 Grand Date signed 7/13/43

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

MOTHER FATHER

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..... *Virgil L. Berryman*
Licensed Embalmer No..... *4018*
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.