

FILED SEP 9 1944

Registration District No. 379

Primary Registration District No. 3068

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
3218 Laclede Station Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Maplewood Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 3218 Laclede Station Road
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6,
year 1944 hour 1 minute A. 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.

4. Sex Male 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 Dec. 6, 1886
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion Duration _____

Due to Coronary arteriosclerosis

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>9</u>	<u>0</u>	hr. _____ min. _____

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

Major findings:
Of operations _____

Of autopsy No

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Baker

11. Industry or business _____

12. Name James J. O'Brien

13. Birthplace Dont Know Louisiana
(City, town, or county) (State or foreign country)

14. Maiden name Catherine McArdle

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

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) _____

White at work? _____ (e) Means of injury 0

Signature [Signature] M.D. (M. D. or other) _____

Address 601 Brentwood Blvd. Date signed 9/7/44

16. (a) Informant Mrs. Mary Emory

(b) Address 3218 Laclede Station Road

17. (a) Burial (b) Date thereof 9-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (c) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lyndell Blvd

19. (a) SEP 8 - 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

SEP 18 1944

OCT 5 1944

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..... *W H VanMatre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.