

FILED SEP 4 1945
X3782

Registration District No. 41457

Primary Registration District No. 3063

Registrar's No. 2095

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis Co. Hosp. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hours 20 min
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County St. Louis Co. 1/6

(c) City or town Robertson, mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Aero Hotel, Highway 66
(If rural, give location)

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

3. (a) PRINT FULL NAME O'BRIEN, JOHN (JACK)

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 11

5. Color or race white

6. (a) Single, widowed, married, divorced married!

6. (b) Name of husband or wife Thelma O'Brien

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased: 3 (Month) 19 (Day) 95 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>5</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Williamsfield, Ill / Ill /
(City, town, or county) (State or foreign country)

10. Usual occupation Construction work

11. Industry or business _____

MOTHER FATHER

12. Name John O'Brien

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

14. Maiden name Mary O'Brien

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

16. (a) Informant wife - Thelma O'Brien

(b) Address Wethers, Illinois

17. (a) Removal (b) Date thereof Aug. 27, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Williamsfield Ill.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave. Maplewood Mo.

19. (a) 8-28-45 (b) Bill McBurney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 26
year 1945 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from 8-26
(1:30AM) 1945, to 8-26 (11:50AM), 1945;
that I last saw him alive on 8-26 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Epidural hemorrhage

Due to skull fracture

Due to accident 170 C-8

Other conditions Cerebral malacia
(Include pregnancy within 3 months of death) 21

Major findings:
Of operations _____

Of autopsy Epidural hemorrhage

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident - Auto hit pedestrian

(b) Date of occurrence 8-26-45 12:25 A.M.

(c) Where did injury occur? Robertson, St. Louis, mo 9/6
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 66 - Airport Garage Robertson Ill

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature Donald O. Burst M.D. (M. D. or other)

Address St. Louis Co. Hosp. Date signed 8-26-45

Duration _____

Underline the cause to which death should be charged statistically.

PHYSICIAN

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

Ship to
Gatesburg Ill
Washington D.C.
Mason (1945?)

MAR 18 1946

SEP 20 1945

DEC 18 1945

FEB 1 1946

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 3454

..... Registered Apprentice No.

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.