S. No. 2
M—8-43
. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE · THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1946

State File No. 21431

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1238

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 3745 Lindell Blvd. 9 (If rural give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY R. O'BRIEN

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

4. Sex F. 1 5. Color or race W 6. (a) Single, widowed, married, divorced Married 1

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

7. Birth date of deceased August (Month) 14, (Day) 1880 (Year)

8. AGE: Years 65 Months 9 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. 1 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Con Ryan 11
13. Birthplace (City, town, or county) Ireland 1 (State or foreign country)

MOTHER
14. Maiden name Margaret Carey
15. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

16. (a) Informant James F. O'Brien
(b) Address 3745 Lindell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) 6-7-46 (Date received local registrar) (b) E. J. McGarran MD (Registrar's signature) 256

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1946 hour 6:05 minute A M.

21. I hereby certify that I attended the deceased from Feb 6, 1946, to June 4, 1946 that I last saw her alive on June 2, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to Parkinsonian syndrome

Due to arthritis 92-2

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

23. Signature C H Denny (M. D. or other) MD
Address Creve Coeur, Mo. Date signed 6-4-46

(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 .....

....., 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.