

FILED SEP 9 1946
318

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **7006**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution City Hospital
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 5516 Beacon
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

3. (b) If veteran, name war _____ (c) Social Security 497-05-2459

4. Male 5. W 6. (a) Single (b) Married (c) Divorced

6. (b) Name of husband or wife _____ (c) Age of husband or wife if _____

7. Birth date of decedent December 19 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Night Watchman

11. Industry or business St. Louis Star Times

12. Name John O'Brien

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

14. Maiden name Ann Bowe

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

16. (a) Informant Mary A. Groat

(b) Address 5516 Beacon

17. (a) Burial (b) Date thereof 8-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Charles J. Street

(b) Address 1225 Union Blvd.

19. (a) 8-26-1946 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25
year 1946 hour 9:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 8-16-46 to Aug 25 46
19 _____ 19 _____
that I last saw him alive on Aug 25 46
and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Due to suppurative pyelonephritis

Other conditions lung congestion
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy same

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 Charles J. Street (M. D. or other) _____
Address City Hosp. Bldg. Date signed 8-27-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *Henry M. Brammer*

Licensed Embalmer No. *4200*

P. O. Address.....

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.