

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

31451

FILED SEP 30 1946

State File No. _____

Registration District No. 57

Primary Registration District No. 6076

Registrar's No. 1881

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 6-19-46
(Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County 99

(c) City or town Virden 11
(If outside city or town limits, write "RURAL.")

(d) Street No. None 0
(If rural, give location)

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

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

3. (b) If veteran, name war WWI Spanish Am.

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11,
year 1946 hour 12:30 minute P M.

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov. 20, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to 9-11-46, 19____;
that I last saw him alive on September 11, 1946, 19____,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

68	9	22	hr. min.
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Immediate cause of death HEART DISEASE, CAUSE UNDETERMINED, HYPERTENSION, ARTERIAL

Duration UNK.

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

10. Usual occupation Clerk

Due to _____

Due to 9502

11. Industry or business _____

12. Name Unknown 9

13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Other conditions BRONCHIAL ASTHMA UNK
(Include pregnancy within 3 months of death)

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.,

(b) Address Jefferson Barracks, Missouri

17. (a) Rem. to Virden (b) Date thereof 9/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Virden, Illinois

18. (a) Signature of funeral director Thomas J. Foley

(b) Address modern building

19. (a) 9-14-46 (b) Paul Falen
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations No Operation

No autopsy

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) No

(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? _____

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

23. Signature L. E. STILWELL, M.D. (M. D. or other) J
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 9-11-46

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

OCT 23 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Francis J. Robey
Licensed Embalmer No. 2792
P. O. Address Madison, Ill

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.