

No. 300
-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

28076
State File No. 7500
Registrar's No. _____

Registration District No. 318

Primary Registration District No. 1005

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2342 S. Grand Bl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Hannah Louise O'Brien
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female / Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 8, 1864
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 17
If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER {
12. Name Andrew Schenck
13. Birthplace Don't Know
(City, town, or county) (State or foreign country)
14. Maiden name Williamena Kampmann
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Grace O'Brien
(b) Address 2342 S. Grand Bl.

17. (a) Burial (b) Date thereof 8-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) AUG 27 1948 (b) J. F. Braseak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ADO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2342 S. Grand Bl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1948 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from 12-10, 1947 to 8-25-48, 19____
that I last saw him alive on 8-24-48, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration 1 yr

Due to _____

Due to _____

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

Major findings:
Of operations _____
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) _____
(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? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature E. H. Bowderr (M. D. or other) _____
Address 634 N. Grand Date signed 8-26-48

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 James R. Dunn
Licensed Embalmer No. 4527
P. O. Address 2201 S. Grand

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.