

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.  
**9856**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Towship..... Primary Registration District No. **1002**  
City **St. Louis Mo., Baptist Hospital**

File No.....  
Registered No. **2221**  
St..... Ward)

**2. FULL NAME**

**Elizabeth O'Brien**  
(a) Residence. No. **5216 Enright Av. 12** Ward.....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>female</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>January 1-1852</b>		
7. AGE	YEARS	MONTHS
	<b>75</b>	<b>2</b>
		<b>7</b>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <b>Housekeeper</b>		
(b) General nature of industry, business, or establishment in which employed (or employer) <b>"</b>		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY) **Ohio**

<b>PARENTS</b>	10. NAME OF FATHER <b>Wm O'Brien</b>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <b>Ireland</b>
	12. MAIDEN NAME OF MOTHER <b>Unknown</b>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <b>Ireland</b>

14. INFORMANT **Mrs. E. O'Brien**  
(Address) **5216 Enright Av.**

15. FILED..... 19 **March 11 1927**  
REGISTERED **Mark Staroboff**

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 9 1927**  
17. I HEREBY CERTIFY, That I attended deceased from **March 4**, 1927, to **March 8**, 1927, that I last saw **her** alive on **March 8**, 1927, and that death occurred, on the date stated above, at **5:30 p.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Acute interstitial nephritis**  
**27A**  
**12/12/27**  
CONTRIBUTORY **Renal hemia**  
(SECONDARY)  
**gangrenous** (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: **5216 Enright**  
DID AN OPERATION PRECEDE DEATH? **No** DATE OF **March 8**  
WAS THERE AN AUTOPSY? **No**  
WHAT TEST CONFIRMED DIAGNOSIS? **specimen & Gram**  
(Signed) **S.A. Peak**, M. D.  
, 19 (Address) **24 Commercial St**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Lafayette Cemetery** DATE OF BURIAL **March 11 1927**  
20. UNDERTAKER **E. J. Schmur** ADDRESS **3125 Lafayette Av**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD

