WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

19910

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5666

City St Louis (No. Mo Baptist Sanitarium St. ..... Ward)

2. FULL NAME Timothy O'Brien

(a) Residence. No. 3111 N Market St., 18 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Catherine O'Brien

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 13th 1878

7. AGE: Years 48 | Months 11 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: General Repair Work

(b) General nature of industry, business, or establishment in which employed (or employer): Carpenter

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER: Timothy O Brien

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER: Mary Brosnen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

14. INFORMANT: Catherine O Brien
(Address) 3111 N Market St

15. FILED JUN 19 1927, 19..... Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6/17 1927

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1927, to June 17, 1927, that I last saw him alive on June 17th, 1927, and that death occurred, on the date stated above, at 8 50 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma Bladder

49 51B 135B

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Hemorrhage in Bladder (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Louis Mo

DID AN OPERATION PRECEDE DEATH? yes. DATE OF 6-6-27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Tissue Removed at operation

(Signed) Robt Vineyard M. D

6/18, 1927 (Address) Wall Bldg St Louis Mo

*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: Calvary

DATE OF BURIAL: 6-21 1927

20. UNDERTAKER: Arthur J Donnelly

ADDRESS: 2039 Wash

Dr Vinyard
Wall Bldg