

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

Do not use this space

2982

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 5650, Vernon)..... St. _____ (Ward)

File No. _____
 Registered No. 576

2. FULL NAME

Martin J. O'Brien
 (a) Residence. No. _____ St. 5 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 OR (OR) WIFE OF Mary O'Brien

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2nd 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 7 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Captain of Police
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

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 M. Murray

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

14. INFORMANT Mrs. Mary O'Brien (Address) 5650 Vernon

15. FILED JAN 16 1928 Mary E. Starceff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) January 15th 1928

17. I HEREBY CERTIFY, That I attended deceased from February 28th 1927, to January 15th 1928, that I last saw him alive on January 14th 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
930
917

Chronic myocarditis
 (duration) 1 yrs. mos. ds.
 CONTRIBUTORY Arterio-sclerosis
 (SECONDARY) (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) J. F. Gallagher, M. D.
1/15 1928 (Address) 311-313 Wall Bldg

*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 1-18 1928

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 1/2 Main St

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.

Miss J. S. Wallbridge

Wall Ridge