

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

Do not use this space.

13427

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township St. Louis Primary Registration District No. 10.0.2
 City St. Louis (No. 1213 Reservoir)

File No. _____
 Registered No. 1759
 St. _____ (Ward)

2. FULL NAME

(a) Residence No. 1213 Reservoir 3rd 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 St. 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
67

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Dan Mc Carthy
 (Address) 1303 Cliff St

15. FILED 4+8-25 M. M. Erone
 REGISTRAR asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 17 19 25

17. I HEREBY CERTIFY, That I attended deceased from Mich _____, 1925, to Apr 17, 1925, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 9.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Purpura 194 B
Chronic nephritis 121 B
chronic nephritis 132 B
 (duration) yrs. mos. ds.

CONTRIBUTORY CAUSES (SECONDARY) chronic nephritis
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1702 B
 IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

19. WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Physical
 (Signed) Geo G. St. Louis M. D.

*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.
4-18-1928 (Address) 706 Huron Blvd St. Louis

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Marys DATE OF BURIAL 4/19 1928

20. UNDERTAKER St. Marys ADDRESS St. Louis

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.

