27 1928

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis
Township Central
City [illegible] (No. New St. Mary's Hospital ... Ward)
Registration District No. 1170
Primary Registration District No. 6248 H
File No. 28479
Registered No. 203

2. FULL NAME Delia O'Brien
(a) Residence. No. 2762 Rutger Ave. ... Ward. St Louis. Mo
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't Know

7. AGE: About 65 Years | Months = | Days = | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(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) Ireland

PARENTS
10. NAME OF FATHER Thomas Ferrell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Jane Doyle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT T. J. Ferrell
(Address) 2762 Rutger Ave.

15. FILED 8/30, 1928 C. L. Jensen REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 29, 1928.

17. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1928, to Aug. 29, 1928 that I last saw her alive on Aug. 29, 1928, and that death occurred, on the date stated above, at 4.00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia
92C
107A (duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) yrs. 6 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Wm J Lanzan, M. D
8-30, 1928 (Address) 2806 N Grand Av

*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 Cem.
DATE OF BURIAL: Sept. 1, 1928.

20. UNDERTAKER: Jos. W. Clark
ADDRESS: 1125 Hodiamont Ave.

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.