

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City **St. Louis Mo.**

No. **2409** ~~Cor. 1st & ...~~

File No. **43306**

Registered No. **12614**

St. Ward)

2. FULL NAME

John O'Brien

(a) Residence No. **2409** **Carroll** **St.** **6** Ward.

Length of residence in city or town where death occurred **43** yrs. + mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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 **Unknown**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March (?) 1865**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **About 63 9 Unknown**

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **Carpenter** (b) General nature of industry, business, or establishment in which employed (or employer) **Unknown** (c) Name of employer

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

PARENTS 10. NAME OF FATHER **Unknown** 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland** 12. MAIDEN NAME OF MOTHER **Unknown** 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

14. INFORMANT **William T. Geithner, M.D.** (Address) **5400 Arsenal St.**

15. FILED **26 1928** **Wm. E. Stanley** REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **12/22 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Sept 4**, 1925, to **Dec 22**, 1928 that I last saw him alive on **Dec 22**, 1928, and that death occurred, on the date stated above, at **9:00 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
930
112 908 (duration) **3 yrs. 3 mos. 19 ds. +**

CONTRIBUTORY **Senile dementia** (SECONDARY) (duration) **3 yrs. 3 mos. 19 ds. +**

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? **Unknown**

19. DID AN OPERATION PRECEDE DEATH? **No.** DATE OF

20. WAS THERE AN AUTOPSY? **No.**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical** (Signed) **William T. Geithner, M.D.** **12/23, 1928** (Address) **5400 Arsenal 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 **Calvary Cemetery** DATE OF BURIAL **12-26-1928**

20. UNDERTAKER **Chas. L. Geraghty** ADDRESS **4822 Easton 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.

WHILE FILLING IN THIS IS A PERMANENT RECORD

