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

Do not use this space.

13384

File No. 3968

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. Christian Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Patrick J. O'Brien

(a) Residence. No. 4147A Labadie Ave St., 10 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 M.

4. COLOR OR RACE W.

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) Dec 16-1862

7. AGE 56 YEARS | MONTHS 3 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Policeman

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

(c) Name of employer St Louis Police Dept

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

PARENTS

10. NAME OF FATHER Matthew O'Brien

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

12. MAIDEN NAME OF MOTHER Bridgeth O'Connor

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

14. INFORMANT Mrs Catherine O'Brien
(Address) 4147A Labadie Ave

15. FILED APR -3 1929 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1928, to March 31, 1929 that I last saw him alive on March 31, 1929, and that death occurred, on the date stated above, at 5 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia 131
936
1229

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chr. nephritis: myocarditis
Chronic (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 4147 Labadie

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) Arthur Goodlaw, M. D

4/2, 1929 (Address) 2202 Lincoln 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 April 3 1929

20. UNDERTAKER Mullen Und Co. | ADDRESS 5165 Delmar Bl.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD 2202 Unsured 12-2 P.M.

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.