

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

Do not use this space.

23199

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis Mo.* (No. *Sanitarium*)..... St. Ward)

File No.
 Registered No. **6672** ✓
 St. Ward)

2. FULL NAME

John D. O'Brien
 (a) Residence. No. *3743 Pine* St., *13* Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *52* yrs. *9* mos. *19* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Single</i>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept. 3, 1876*

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<i>52</i>	<i>9</i>	<i>18</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Grocery Clerk*
 (b) General nature of industry, business, or establishment in which employed (or employer) *Unknown*
 (c) Name of employer

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

10. NAME OF FATHER *Timothy O'Brien*

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

12. MAIDEN NAME OF MOTHER *Mary Barton*
Unknown

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

14. INFORMANT *Katherine*
 (Address) *City Lane*

15. FILED *NOV 23 1925* *W. C. Starnes*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *6-21-1925*

17. I HEREBY CERTIFY, That I attended deceased from *3-20-1925* to *6-21-1925* that I last saw him alive on *6-20-1925*, and that death occurred, on the date stated above, at *7:15 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis

97

(duration) *4 yrs. 3 mos. 2 ds.*

CONTRIBUTORY (SECONDARY)

918

(duration) 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) *Katherine*, M. D.

6-21-1925 (Address) *City Lane*

*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 DATE OF BURIAL

Calvary Cem *June 24 1925*

20. UNDERTAKER ADDRESS

Thomas J. Tuam *151 95 Grand*

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.

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