

**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. 17011
Township..... Primary Registration District No. 1000
City St. Louis (No. De Paul Hospital)

29478

File No.
Registered No. **8498**
St. Ward)

2. FULL NAME

Patrick O'Brien
(a) Residence, No. Coronado Hotel St. Ward.
(Usual place of abode) Spring & Sudell Mos.
Length of residence in city or town where death occurred yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 17 1865</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>4</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Vice Pres.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Brown Shoe Co.</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Massachusetts</u>		
FATHER	13. NAME <u>Thomas O'Brien</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Julia Mary</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Lawrence O'Brien</u> (ADDRESS) <u>Coronado Hotel</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Boston Mass.</u> DATE <u>Aug. 6</u> 19 <u>31</u>		
19. UNDERTAKER <u>Arthur J. Donnelly and Co.</u> (ADDRESS) <u>2839 N. 4th St.</u>		
20. FILED <u>1931</u> <u>St. Louis</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4th 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 29 1928, to Aug. 4 1931.
I last saw h. in alive on Aug. 4 1931. Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
General & Coronary Arterio-sclerosis
Date of onset 1928

Other contributory causes of importance:
None

Name of operation None Date of

What test confirmed diagnosis? EKG Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Hiram L. Higgett M. D.
(Address) 3720 Washington Blvd., 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.

E.K.G. = Electrocardiogram

255. 2nd
2nd Washington