

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

Do not use this space.

24291

1. PLACE OF DEATH

County

Registration District No. 791
1002

Township

Primary Registration District No. St. Johns Hospital

City St. Louis (No. St. Johns Hospital)

File No.
Registered No. 6408
St. Ward)

2. FULL NAME

(a) Residence, No. 6036 Arsenal 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. J. Walker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 21 - 1856</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>3</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>House Wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/> 11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u> <u>Ind</u>		
FATHER	13. NAME <u>Robert P. O'Brien</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Fannie Donohoe</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Fannie Mahm</u> (ADDRESS) <u>6036 Arsenal St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>July 12, 1932</u>		
19. UNDERTAKER <u>Charles J. Hoffmeister</u> (ADDRESS) <u>1411 ...</u>		
20. FILED 19		

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1932

22. I HEREBY CERTIFY that I attended deceased from May 18, 1932 to July 9, 1932
I last saw him alive on July 9, 1932 Death is said to have occurred on the date stated above, at 7:00 m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach Date of onset 3/18/32
4.6 B
Other contributory causes of importance: None

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19 ..
Where did injury occur? (Specify city or town, county, and State)
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 no
(Signed) Dr. Eschefer M. D.
(Address) No. 1 Imperial Club
7/11/32 City

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

