

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

Do not use this space.

2425

1. PLACE OF DEATH

County Registration District No. 780
Township Primary Registration District No. 50
City St. Louis (No. 6449, Lloyd 4)

File No.
Registered No. 1377
St. Ward

2. FULL NAME

(a) Residence, No. St. 4 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

13. NAME Dennis O'Brien

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

15. MAIDEN NAME Margaret McHale

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

17. INFORMANT Dennis O'Brien (ADDRESS) 6449 Lloyd Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE burial DATE Feb 9 1933

19. UNDERTAKER Arthur J. Downey, Inc. (ADDRESS) 3840 of Louisiana St.

20. FILED FEB - 8 1933 W. C. Sturley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1933, to Feb 7 1933

I last saw him alive on Feb 7 1933 Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Bronchitis Date of onset 2-6-33

1576
10611 1576

Other contributory causes of importance: Patent foramen ovale

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?

If so, specify

(Signed) Ralph L. Cook, M. D.

(Address) 508 N. Grand

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.

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Rev. Ralph C. B.

West Road

Je 8414