

OCT 1 1936

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

Do not use this space.

32217

1. PLACE OF DEATH

County St. Louis Registration District No. 786  
Township Jefferson Primary Registration District No. 4469  
City Maplewood (No. 7406, Flora) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Susan E. O'Brien

(a) Residence, No. 7406 Flora St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>M. F. O'Brien</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19, 1891</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>2</u>
	DAYS <u>1</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>at home</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) _____	
	11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Housed Springs, Mo</u>		
MOTHER	13. NAME <u>Francis E. Guibor</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
	15. MAIDEN NAME <u>Miserva Ellen Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Susan E. O'Brien</u> <u>7406 Flora Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>House Springs, Mo</u> DATE <u>Aug 22, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Parker and Co.</u> <u>Webster Groves, Mo</u>		
20. FILED <u>Sept 10, 1936</u> <u>Charline Brester</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1936, to Aug 20, 1936  
I last saw him alive on Aug 20, 1936. Death is said to have occurred on the date stated above, at \_\_\_\_\_ P. m.  
The principal cause of death and related causes of importance were as follows:  
metastatic carcinoma of lungs  
50  
Date of onset unknown

Other contributory causes of importance:  
carcinoma of left breast

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X-ray Was there an autopsy? no

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 \_\_\_\_\_  
(Signed) Pierre M. Brown M. D.  
(Address) 3500 Cambridge  
Maplewood, Mo

WHITE 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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