WHITE PLAINE 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.

732

MAR 5 - 1937

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

Do not use this space.

8850

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Enroute to Hospital ..... St. ..... Ward)

File No. .....

Registered No. 2340

2. FULL NAME Emmett J. O'Brien

(a) Residence, No. 38IIa Page Blvd., St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1905.

7. AGE: YEARS 31 MONTHS 8 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rod man for City Public Service Dept.

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) ILLINOIS ~~Missouri~~

FATHER

13. NAME Daniel O'Brien

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

MOTHER

15. MAIDEN NAME Margret Carmody

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

17. INFORMANT (ADDRESS) Daniel O'Brien 38IIA Page Blvd.,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem., DATE March 1/37.

19. UNDERTAKER (ADDRESS) Jos. W. Clark, 1125 Hodiamont Ave.,

20. FILED FEB 26 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25/37. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

Physician in attendance

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12.30 m A.M.

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

Date of onset

Haemorrhage due to fracture of base of skull, received when a Ford Coupe in which the deceased was riding was struck by auto in St. Louis Mo.

Other contributory causes of importance:

Criminal Carelessness

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Crim. Care Date of injury 2/25, 1937

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

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

Manner of injury Collision (two autos)

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Alfred W. Terry, ~~M.D.~~

(Address) Deputy Coroner