DEC 13 1937

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

40057
Do not use this space.

7911

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 11044

(c) City St. Louis (d) Street No. 4438a Gibson St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Patrick P. O'Brien

(a) Residence, No. 4438a Gibson St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nellie O'Brien

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 10, 1860

7. AGE: 25 — YEARS: 77 — MONTHS: 1 — DAYS: 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: farmer
9. Industry or business in which work was done, as saw mill, bank, etc.: (Retired)
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): Byrnesville, Mo

FATHER
13. NAME: Lawrence O'Brien
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Mary Dunnigan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Thomas O'Brien (son) 4438a Gibson

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Byrnesville, Mo. DATE: Dec. 1, 37

19. FUNERAL DIRECTOR (ADDRESS): Croghan Und. Co. Inc. 7146 Manchester ave.

20. FILED NOV 30 1937, 19 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Nov 28, 1937
I last saw him alive on Nov 27, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

82a

Date of onset

Other contributory causes of importance:
Hemiplegia caused by Cerebral Hemorrhage

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) M. E. Sheets, M. D.
(Address) 4300 Manchester

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, M. J. Croghan, Licensed Embalmer No. 2622

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed M. J. Croghan

Licensed Embalmer No. 2622

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)