JAN 10 1938

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

Do not use this space.

42928

791 2

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11178

City St. Louis (No. 4856 Maffit Ave. St. ..... Ward)

2. FULL NAME Margaret T O'Brien

(a) Residence, No. 4856 Maffit Ave St., 6 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John D.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1/19/~~[illegible]~~ 1870

7. AGE: YEARS 60 67 | MONTHS 10 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2

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 Mo 1

FATHER

13. NAME: John F O'Neill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 10

MOTHER

15. MAIDEN NAME: Margaret O'Neill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis 1

17. INFORMANT (ADDRESS): John D O'Neill 4856 Maffit Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemt. DATE 12/6/37 19

19. UNDERTAKER (ADDRESS): Harrigan & Sheahan Und Co 4415 Washington Blvd.

20. FILED DEC 4 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/3/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1937, to Dec 3rd, 1937

I last saw her alive on 12/3, 1937. Death is said to have occurred on the date stated above, at 305 P m.

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

Carcinoma Stomach — 10/18/37

Date of onset

35

46B

Other contributory causes of importance:

Unknown

Name of operation none 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 Dr Joseph Schafer

(Signed) 901 University Club M. D.

(Address) St Louis Mo

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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Dr. Jose Shaffer
Univ Club
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