REC'D MAY 10 1938

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

13344
Do not use this space.

791
1003
3948

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 3948
(c) City ST. LOUIS MO. (d) Street No. CITY HOSPITAL 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 ANNA O'BRIEN, 165
(a) Residence, No. 1626 N. 14th ST. St. 26
(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: 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 FRANK O'BRIEN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 21, 1863
7. AGE: YEARS 74 MONTHS 6 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE
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.

FATHER
13. NAME UNK. McCARTHY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.

MOTHER
15. MAIDEN NAME UNKNOWN.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.

17. INFORMANT (ADDRESS) FRANK O'BRIEN 1626 N. 14th St
18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE APRIL 1938
19. FUNERAL DIRECTOR (ADDRESS) E. J. Schnur 3125 Lafayette av.
20. FILED APR 28 1938 J. F. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

NO ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:20 P.M.
The principal cause of death and related causes of importance were as follows:

Infection of the Hand. Date of onset
Contrib: Gangrene of the Bladder, suffered when deceased fell from a ladder while hanging curtains in her home, and striking her hand on tack

Other contributory causes of importance:
on the table puncturing the skin on her nad and resulting in infection, on April 3, 1938, at about 8:30 A.M.

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? Accident Date of injury 4/31, 1938
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. In Home
Manner of injury See Above
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify .....
(Signed) Joseph M. Tuenn M.D.
(Address) Deputy Coroner

(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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Joseph Volmer, Licensed Embalmer No. 4014

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

L. E.

No. 4014 or by Joseph Volmer, Registered Apprentice No.

working under my personal supervision.

Signed Joseph Volmer

Licensed Embalmer No. 4014

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