

REC'D AUG 12 1938

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **DePaul Hosp**) St. **7** Ward

File No. **24111**
Registered No. **6805**

2. FULL NAME **Infant Joseph O'Brien**

(a) Residence, No. **3923 N. Euclid Aves.** (If nonresident, give city or town and State)
(Usual place of abode) **7** Ward.
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) **7/29/38**
7. AGE YEARS MONTHS DAYS If **LESS** than 1 day **10:30** or **30** min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Nil**
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) **St. Louis** (STATE OR COUNTRY) **Mo**

FATHER 13. NAME **Matthew B O'Brien**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo**

MOTHER 15. MAIDEN NAME **Isabelle Bennett**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo**

17. INFORMANT **Mary A O'Brien** (ADDRESS) **3121 New Ashland Pl**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cent.** DATE **7/30/38**

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

20. FILED **Aug 30 1938** **J. J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 29, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 29, 1938** to **July 29, 1938**
I last saw him alive on **July 29, 1938**. Death is said to have occurred on the date stated above, at **6 p.m.**

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

Conquered a telephonic full term

Other contributory causes of importance: **WV**

Name of operation..... Date of.....
What test confirmed diagnosis? **Post mortem** Was there an autopsy? **yes**

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) **W. W. White**, M. D.
(Address) **2853 N. Kingshighway**

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.

No Embalming