

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.

REC'D MAR 13 1939

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

791
1003

4743
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1
 (b) Township St. Louis Primary Registration District No. 1604a Cass Ave. Registered No. 1436
 (c) City St. Louis (d) Street No. 1604a Cass Ave. St.
 (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

(a) Residence, No. 6576 Annie E. Earner, 1604a Cass Ave. St. 25
 (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Earner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 4, 1862

7. AGE YEARS 76 MONTHS 6 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as 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) West Virginia

FATHER 13. NAME Maurice O'Connor

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

MOTHER 15. MAIDEN NAME Hanora Griffin

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

17. INFORMANT (ADDRESS) Mrs. Nellie Byrne, 1604a Cass Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 1-15-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cullinane Brothers, 1710 N. Grand Blvd.

20. FILED J. D. Bradish, Local Registrar.

FEB 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1938, to Feb 10, 1939
 I last saw him alive on Feb 10, 1939 Death is said to have occurred on the date stated above, at 1 A.M.

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

Carcinoma of Liver Date of onset Sept 13/38
Mild Regurgitation April 1938
 Other contributory causes of importance:
Chronic nephritis, Hypertension
& Senility April 10 38

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) J. D. Bradish, M. D.
 (Address) 187 S. Madison

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Fred Frick

Licensed Embalmer No. *3186*

P. O. Address

St. Louis Mo

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.)

If this body is not embalmed, above space should be left blank.