

350 APR 12 1939

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

8458
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. **791**
 (b) Township St. Louis Primary Registration District No. **1008**
 (c) City Mo (d) Street No. St. Paul Hospital Registered No. **2223**
 (If death occurred in Hospital or Institution, write its name instead of street and number) 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. 4009 Greer Ave St. **10**
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia O'Brien
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-7-1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 2 0
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Boiler Maker
 9. Industry or business in which work was done, as farm mill, bank, etc. Boiler Maker
 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 unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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

17. INFORMANT Leo Morrell
 (ADDRESS) 4009 Greer Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE 3-7

19. FUNERAL DIRECTOR Sullivan
 (ADDRESS) 2849 NO EUCLID

20. FILED J.F. Brubaker
 (Address) Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 1939

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw him..... alive on 19..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:
Internal haemorrhage from Ruptured spleen, supported
denial by Michael Walsh
life Highway on tunnel over

Other contributory causes of importance:
Heart bruyaux Mo. struck
5:00 P.M. Feb. 28 1939
Part of machine bearing
Highway tunnel over

Name of physician Michael Walsh Date of Feb 28 1939
 What test or tests were made? None Was there an autopsy? Yes

If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury Feb 28 1939

Where did injury occur? From aux Mo
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 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.....

(Signed) Joseph M. DeLeon, M.D.
 (Address) 1024 1/2 Crown

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.

1 X12004

MAR 8 1939

WALTER HENNING
2206 HOWARD.
DE 8486

STATEMENT BY LICENSED EMBALMER

I, Albert Masfield, Licensed Embalmer No. 3077
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Albert Masfield
No. E or by Henry J. Luzzi, Registered Apprentice No. 170
working under my personal supervision.
Signed Albert Masfield
Licensed Embalmer No. 3077

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.)