

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

9144
Do not use this space.

DEAD APR 12 1939

791
1008

2909

1. PLACE OF DEATH

(a) County.....² Registration District No.....
 (b) Township.....¹ Primary Registration District No.....
 (c) City.....**St. Louis.** (d) Street No.....**4125A St. Louis Ave.** 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. mo. da. (f) How long in U. S., if of foreign birth? yrs. mo. da.

2. PRINT FULL NAME ¹⁶⁵ **Timothy J. O'Brien.**

(a) Residence, No. **4125a St. Louis Ave.** St. **10** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Mrs. Nellie O'Brien.**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 22, 1887.**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 0 3
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Clerk.**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Court Criminal Correction.**
 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.**

FATHER 13. NAME **Timothy O'Brien.**

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

MOTHER 15. MAIDEN NAME **Mary McMurray.**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland/**

17. INFORMANT (ADDRESS) **Mrs. Nellie O'Brien.**
4125A St. Louis Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Mar. 29, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Arthur J. Donnelly.**
3840 Lindell Blvd.

20. FILED **MAR 28 1939** **J. B. Brueck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 25, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 28** to **March 25, 1939**
 I last saw him alive on **3-25, 1939**. Death is said to have occurred on the date stated above, at **11:25 A.M.**
 The principal cause of death and related causes of importance were as follows:

Tumor of brain (left frontal lobe) metastasis to various parts of brain
Chronic myocarditis
 Date of onset **1937-38**

Other contributory causes of importance:
Chronic myocarditis
 Name of operation **Liquorotomy** Date of **Sept. 1937**
 What test confirmed diagnosis? Was there an autopsy? **no**

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 (Address) **Dr. E. A. Creel's** M. D.
7530 N. Union St. St. Louis, Mo.

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.

23300
3300
Munich

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 Stanley Marchlewski
Licensed Embalmer No. 2868
P. O. Address 3840 Fundell

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.