

AR 9 1939

MO APR 7 1939

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

12235
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis 2 Registration District No. 784
 (b) Township 1 Primary Registration District No. 101 Registered No. 432
 (c) City Clayton (d) Street No. 7 Ladue Lane 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 Mary O'Brien
 (a) Residence, No. 1105 St. (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 T.J. O'Brien

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 20

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) Quebec, Canada 2

FATHER
 13. NAME Patrick Doyle 2
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quebec 2

MOTHER
 15. MAIDEN NAME Mary ?
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quebec

17. INFORMANT Harold Lowry Morehead
 (ADDRESS) 7 Ladue Lane Clayton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Valhalla DATE Mar. 10, 1939

19. FUNERAL DIRECTOR (NAME) Wagoner Undertaking
 (ADDRESS) 3621 Olive St. Co.

20. FILED MAR 9 1939 G. K. Meizer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1939, to March 8, 1939
 I last saw her alive on March 8, 1939. Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Coronary occlusion
 94%

Date of onset Feb 17, 39

Other contributory causes of importance:

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
 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
 (Signed) Arthur B. Pas! M. D.
 (Address) 2720 Washington Blvd.

RECORDING UNIT 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.

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 *Neville R. Tholwitt*

Licensed Embalmer No. *3696*

P. O. Address *3621 Olive St.*

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.