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.

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

JUN 12 1939

791
1003

16686
Do not use this space.

4220

1. PLACE OF DEATH

(a) County ..... Registration District No. 1

(b) Township ..... Primary Registration District No. ..... Registered No. 165

(c) City St. Louis (d) Street No. Missouri Pacific Hospital 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 John Joseph O'Brien

(a) Residence, No. 8008 Washington St. St. NR St. Louis County, Missouri
(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: Male

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: Mary M. O,Brien

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 12 1864

7. AGE: Years 74 | Months 6 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: R R ENgineer

9. Industry or business in which work was done, as saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo. O

FATHER

13. NAME: Unknown O,Brien 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Raymond C. O,Brien 8008 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE: Valhalla Cem. DATE: May 8 1939

19. FUNERAL DIRECTOR (ADDRESS): Drehmann & Harral 1905 Union

20. FILED MAY 6 1939 J. B. Buchek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May - 5 1939

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1939, to May 5, 1939

I last saw him alive on May 5, 1939. Death is said to have occurred on the date stated above, at 5:30 A.m.

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

	Date of onset
Gangrenous Appendicitis - Ruptured	
General Peritonitis	
Intestinal Obstruction (Paralytic Ileus)	

Other contributory causes of importance:

Name of operation Appendectomy & Drainage Date of 5-3-39

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

(Signed) Harry J. Dick, M. D.

(Address) Mo. Pac. Hosp.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Warren A. Carver

Licensed Embalmer No. 3534

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)