MAY 19 1939 REC'D JUN 8 1939

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

19856
Do not use this space.

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1. PLACE OF DEATH
(a) County Saint Louis
(b) Township Carondelet
(c) or City ~~Jefferson Barracks~~
Registration District No. 784
Primary Registration District No. 200
Registered No. 910
(d) Street No. Vet Hosp St.
Unkn. (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 Lawrence O'Brien
(a) Residence, No. 2329 Montgomery Avenue, Saint St. Louis, Missouri.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1889

7. AGE: YEARS 49 | MONTHS 10 | DAYS 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steam fitter
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) Saint Louis Missouri

FATHER
13. NAME John O'Brien
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — Ireland

MOTHER
15. MAIDEN NAME Mary Hogan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — Ireland

17. INFORMANT (ADDRESS) [signature] Clinical Clerk, VAF Jeffe rson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEMETERY DATE MAY 20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Goodhart & Goodhart 2228 St Louis ave

20. FILED MAY 19 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1939, to May 17, 1939
I last saw him alive on May 17, 1939. Death is said to have occurred on the date stated above, at 6:50Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver.	
Valvular Heart Disease, aortic insufficiency with secondary myocarditis, cardiac hypertrophy.	Unkn.
Other contributory causes of importance: Tertiary syphilis	Unkn.

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Name of operation None Date of
What test confirmed diagnosis? Phy. clinical manif. and lab. 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?
If so, specify [signature]
(Signed) C.W.HUGHES, Chief Med. Officer M. D.
(Address) VAF., Jefferson Barracks, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Charles Goodhart, Registered Apprentice No. ....., working under my personal supervision.

Signed Charles Goodhart

Licensed Embalmer No. 2777

P. O. Address St. Louis Mo

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

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