

25 1939  
 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.

1939 OCT 1 1939

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

Do not use this space.

33524

1. PLACE OF DEATH

County ST. LOUIS  
 Township Richmond Heights  
 City St. Louis

Registration District No. 784  
 Primary Registration District No. St. Marys

File No. \_\_\_\_\_  
 Registered No. 1686  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 165 Shepherd Ave. O'Brien St. Kirkwood Mo. Ward \_\_\_\_\_  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
 4. COLOR OR RACE W  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) INFANT

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24-1939

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

22. I HEREBY CERTIFY, That I attended deceased from 9-22-1939 to 9-24-1939  
 I last saw her alive on 9-24-1939 Death is said to have occurred on the date stated above, at 2:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-22-39  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1

Date of onset

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
 11. Total time (years) spent in this occupation \_\_\_\_\_

Intestinal Obstruction  
Obstructed  
 Other contributory causes of importance: 157d

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Heights

Name of operation enterotomy Date of 9-23  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

FATHER  
 13. NAME Thomas O'Brien  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, Mo.

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)

MOTHER  
 15. MAIDEN NAME Mario n Phowman  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, Mo.

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

17. INFORMANT E. J. Her #3 Orchard Lane  
 (ADDRESS) St. Louis

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Calvary DATE Sept 25-39

19. UNDERTAKER Chas. J. Hart  
 (ADDRESS) 327 S. R. May

(Signed) [Signature] M. D.  
 (Address) Overton Bldg

20. FILED SEP 25 1939 O. R. May Registrar.

