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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23665

Registration District No. 791 — FILED AUG 25 1940

Primary Registration District No. 1003

Registrar's No. 6110

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4244 N.19th. St. (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution Nil (Specify whether

In this community 60 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 9

(d) Street No. 4244 N. 19th. St (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? Nil years.

3. (a) PRINT FULL NAME William P. O.Brien 165

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Nil

6. (c) Age of husband or wife if alive Nil years

7. Birth date of deceased Nov. (Month) 29th. (Day) 1870 (Year)

8. AGE: Years 69 | Months 7 | Days 21 | If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Bricklayer

11. Industry or business Bldg. Contractor

FATHER
12. Name Bartholomew O' Brien 5
13. Birthplace Waterford (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Margaret Broderick
15. Birthplace Limerick (City, town, or county) Ireland (State or foreign country) 5

16. (a) Informant Ellen O'Brien

(b) Address 4244 N. 19th., St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Friedmeyer & Sons

(b) Address 3934N. 20th.St.

19. (a) JUL 22 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 20, 1939 to July 20, 1940 that I last saw him alive on July 20, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cronicle Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 1918 Gart Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Gra

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

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