S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20003

Registration District No. 791 | Primary Registration District No. 1002 | Registrar's No. 4815

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

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1521 JEFFERSON AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 600
(c) City or town ST. LOUIS 201
(If outside city or town limits, write "RURAL")
(d) Street No. 1521 N. JEFFERSON AVE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM R. O'BRIEN
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JAN. 24, 1870 (Month) (Day) (Year)

8. AGE: Years 71 | Months 5 | Days 15 | If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)
10. Usual occupation COAL + ICE CO.
11. Industry or business SELF
MOTHER FATHER
12. Name PATRICK O'BRIEN
13. Birthplace IRELAND (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ALICE HANNAHAN
15. Birthplace IRELAND (City, town, or county) (State or foreign country)
16. (a) Informant Mrs W. Morrell
(b) Address 2625 A Cass ave
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-12-41 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Cullen + Kelly
(b) Address 1416 N. Taylor ave
19. (a) JUN 10 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th year 1941 hour 1 minute 00 P.M.
21. I hereby certify that I attended the deceased from June 8, 1941 to June 8, 1941; that I last saw him alive on June 8, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	6 years
Due to Arteriosclerosis	
Other conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 A. H. Krall (M. D. or other)
Address 2704 Cass Ave Date signed 6/10

(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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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, fact should be so stated above.