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. 23490

FILED AUG 28 1941

Registration District No. 4191

Primary Registration District No. 1003

Registrar's No. 5842

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

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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: 5879 Clemens Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether
In this community 88 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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(a) State Mo. (b) County

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

(d) Street No. 5879 Clemens Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth O'Brien

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced 2 W.

6. (b) Name of husband or wife Dr. John J. O'Brien

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

7. Birth date of deceased Sept. 16th., 1851
(Month) (Day) (Year)

8. AGE: Years 89 | Months 10 | Days 0 | If less than one day hr. min.

9. Birthplace (City, town, or county) La. 1 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Thos. Fitzwilliam
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Watson
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mr. J. W. O'Brien
(b) Address 2334 Tower Grove Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JUL 16 1941 (Date received by registrar) (b) J. F. Budrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th., year 1941 hour 4 minute a. M.

21. I hereby certify that I attended the deceased from July 12 to July 16th (10 yrs previously), 19 ; that I last saw her alive on 7-15-41, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia (terminal) Coronary sclerosis

Due to Arteriosclerosis Gen.

Due to Hypertension

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 W H Ormsted (M. D. or other) 7/16
Address 3720 Washington Date signed 7/16/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. W.H. Olmstead 1-4:30
3720 Washington Blvd.

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.