No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33581

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 8539

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: Missouri-Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo., 10 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis, (If outside city or town limits, write "RURAL") 177
(d) Street No. 3810 Shenandoah St 9
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Pascha) James O'Brien

3. (b) If veteran, name war no

3. (c) Social Security No. 702-14-6644

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Mary O'Brien

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

7. Birth date of deceased May (Month) 10 (Day) 1884 (Year)

8. AGE: Years 57 | Months 5 | Days 26 | If less than one day hr. min.

9. Birthplace Natchez / Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Switchman

11. Industry or business Missouri-Pacific R.R.

FATHER
12. Name Joseph O'Brien
13. Birthplace Natchez / Mississippi
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Winn
15. Birthplace Natchez / Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Paul J. O'Brien
(b) Address 3810 Shenandoah St. Louis Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-41 (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul Cem.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway St. Louis

19. (a) OCT 28 1941 (Date received local registrar) J. F. Medicus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 year 1941 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from 8/16/41, 19.., to 10/26/41, 19..; that I last saw him alive on 10/26/41, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Embolism of Blood Vessel	
Due to: Carcinoma of Larynx	1 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Carcinoma of Larynx	
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 0

23. Signature [illegible] (M. D. or Coroner)
Address Mo-Pac Hospital Date signed 10/27/41

(Licensed Embalmer's Statement on Reverse Side)

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

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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

If this body is not embalmed, fact should be so stated above.