

FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42258

State File No. \_\_\_\_\_

Registrar's No. 15-10

Registration District No. 425

Primary Registration District No. 5580

1. PLACE OF DEATH:

(a) County JEFFERSON  
(b) City or town RURAL - MERAMEC JURY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ST. JOSEPH'S HILLS INFIRMARY  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 DAYS  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County JEFFERSON  
(c) City or town RURAL - MERAMEC  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME FRANK 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 7 28 1883  
(Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 26 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace JEFFERSON MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name OWEN O'BRIEN  
13. Birthplace IRELAND  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY DEVIN  
15. Birthplace IRELAND  
(City, town, or county) (State or foreign country)

16. (a) Informant Brother Bonaventura, OSF

(b) Address St. Joseph's Hill Infirmary

17. (a) Burial (b) Date thereof 12/27/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Hill Infirmary

18. (a) Signature of funeral director J. J. Brennan

(b) Address Home Springs Mo

19. (a) 24 DEC 1941 (b) James A. Johnson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 24  
year 1941 hour 10 minute 55 A.M.

21. I hereby certify that I attended the deceased from DEC. 24, 1941, to DEC. 24, 1941;  
that I last saw him alive on DEC. 24, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to Broncho-pneumonia

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 107

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury A

23. Signature Jesse S. Sargent (M.D. or other) MD

Address Barabara Mo Date signed 12/24/41

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

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**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 *John H. Brunner*  
Licensed Embalmer No. *570*  
P. O. Address *House Springs Mo*

**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.**