

FILED APR 27 1942  
Registration District No. **791**

Primary Registration District No. **100**

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5024 Louisiana 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  
years, months or days)

3. (a) PRINT FULL NAME **Louisa Y O'Brien**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **September 22, 1855**  
(Month) (Day) (Year)

8. AGE: Years **86** Months **6** Days **24** If less than one day hr. min.

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business.....

MOTHER FATHER  
12. Name..... **(Unknown) Young**  
13. Birthplace **Don't Know** (City, town, or county) (State or foreign country)  
14. Maiden name..... " " " "  
15. Birthplace..... " " " " (City, town, or county) (State or foreign country)

16. (a) Informant **Dr. L. F. O'Brien**  
(b) Address **5024 Louisiana Ave.,**

17. (a) **Burial** (b) Date thereof **4-18-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Immaculate Conception, Maxville, Missouri**

18. (a) Signature of funeral director **Southern Funeral Home**

(b) Address **6322 S. Grand Blvd.,**

19. (a) **APR 17 1942** (b) **J. J. Brudeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")  
(d) Street No. **5024 Louisiana Ave.,** (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15th**  
year **1942** hour **7** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Dec 18** 1941 to **April 15** 1942  
that I last saw **her** alive on **April 15** 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** **6 mos**  
**Congestive failure**

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

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 **0**

23. Signature **Edmund Bennett** (M. D. or other)  
Address **1504 Dr Grand Blvd** Date signed **4-17-42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

*Virgil L. Berryman*  
.....  
Licensed Embalmer No. *4018*

P. O. Address.....

*St. Louis 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.**