V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25332

Registration District No. 824 Primary Registration District No. 200 Registrar's No. 7643

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans' Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. 7/3/1942 (Specify whether
In this community Since 7/3/42 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County
(c) City or town Flora
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME JOHN F. O'BRIEN
3. (b) If veteran, name war World War #1
3. (c) Social Security No. Yes, not rem.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Jean
6. (c) Age of ~~husband or~~ wife if alive 53 years
7. Birth date of deceased Sept. (Month) 21. (Day) 1889 (Year)

8. AGE: Years 52 Months 10 Days 10 If less than one day hr. min.

9. Birthplace Ireland (City, town, or county) (Naturalized) (State or foreign country)
10. Usual occupation Pipe Line Work
11. Industry or business -
FATHER
12. Name John O'Brien
13. Birthplace Unkown (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Bridget Lonegan
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Mr Schulling
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/2/42 (Month) (Day) (Year)
(c) Place: burial or cremation Flora, Illinois
18. (a) Signature of funeral director C. Hellmuth U. & L. Co.
(b) Address 6464 Chippewa Street
19. (a) AUG 2 - 1942 (Date received local registrar) (b) C. G. McGavren (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st. year 1942 hour 9:00 minute a. M.
21. I hereby certify that I attended the deceased from July 3, 1942 to August 1, 1942; that I last saw him alive on August 1, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver, primary, with general metastases to lungs, kidneys, mediastinum and ~~Due to~~ peritoneum. — Duration: Unknown

Due to -

Other conditions none.
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation.
Of autopsy Autopsy performed. See cause of death.

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 L. M. COCHRAN, M.D. (M. D. or other)
Title Chief Medical Officer. Date signed 8/1/42.

(Licensed Embalmer's Statement on Reverse Side)

96
0
0

43

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 Edw. H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa

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.