

FILED SEP 1 1942

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(b) City or town St. Louis Missouri
(c) Name of hospital or institution: Firmin & Desloge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community Life
years, months or days (Specify whether)

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") 917
(d) Street No. 3903 Magnolia (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Anna O'Brien

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female / race White
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Earl R. O'Brien
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Nov. 7th 1917
(Month) (Day) (Year)

8. AGE: Years 24 Months 9 Days 33/10 hr. min.

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

10. Usual occupation House Wife

11. Industry or business Home

MOTHER FATHER { 12. Name Joseph C. Meyers

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Marie Engle

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph C. Meyers

(b) Address 3903 Magnolia

17. (a) Burial (b) Date thereof 8-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director St. Joseph's Funeral Home

(b) Address 1319 S. Grand Blvd.

19. (a) AUG 21 1942 (Date received local registrar)
J. J. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1942 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 8 1942 to Aug 17 1942
that I last saw her alive on Aug 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus Duration 1 hr

Due to Thrombophlebitis of Rt. leg after delivery R. wife
Due to

Other conditions (Include pregnancy within 3 months of death)

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

23. Signature Wm. C. Macdonald (M. D. number)
Address 1325 So. Grand Ave Date signed 8-18-42

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Arthur G. Hopper

Licensed Embalmer No. 2971

P. O. Address.....

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.