

S. No. 2
M-5-42
7-5-17-39
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32293

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 4 1942
318

Primary Registration District No. 1003

Registrar's No. 8811

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:
DePaul Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution. 17 days
(Specify whether
In this community.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 401 Shirley Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1942 hour 1 minute 15 A.M.
21. I hereby certify that I attended the deceased from 10/6
1942, to 10/23 1942
that I last saw him alive on 10/22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Prematurity
Due to Induced labor at
8 mos. (Pre-eclamptic
toxemia)
Due to

Duration

17 days

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 sta-
tistically.

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 J. P. Brudak (M. D. or other) 0
Address Ferguson, Mo Date signed 10/23/42

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

3. (b) If veteran, name war. 3. (c) Social Security No.

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. October 6, 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>17</u>	hr. min.

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

10. Usual occupation Nihil

11. Industry or business

12. Name Anthony E. O'Brien

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

14. Maiden name Mildred Rayworth

15. Birthplace Manitowac Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Anthony E. O'Brien

(b) Address 401 Shirley Ave. Ferguson.

17. (a) Burial (b) Date thereof 10/24/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Calvary Cemetery

18. (a) Signature of funeral director. J. M. White

(b) Address 118 N. Florissant Rd, Ferguson,

19. (a) 661 23 1042 (b) J. P. Brudak
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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..... *no Embalming*
Wm. White
Licensed Embalmer No.....
P. O. Address..... *St. Reguon, Ill*

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.