

FILED JAN 14 1943 18

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 57

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

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:  
ST. JOHNS HOSPITAL  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County.....  
 (c) City or town St. LOUIS  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3442 1/2 CRITTENDEN  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM S. 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. APRIL 1 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 9 1 hr. min.

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

10. Usual occupation CHIEF CLERK, FREIGHT

11. Industry or business MO-KAN + TEXAS R.R.

MOTHER FATHER  
 12. Name WILLIAM O'BRIEN  
 13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)  
 14. Maiden name UNKNOWN  
 15. Birthplace "  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank W. Abrams

(b) Address 4477 Berching Ave.

17. (a) BURIAL (b) Date thereof JAN 5-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director J. Muller Ind. Co.

(b) Address 5165 DELMAR BLVD.

19. (a) JAN 4 1943 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 2ND  
 year 1943 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 16, 1942  
 to Jan 2, 1943  
 that I last saw him alive on January 2, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, acute  
Due to acute pneumonia  
 Duration 1 mo.  
 Due to.....  
 Duration 2 mo.  
 Other conditions 1/3  
(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 J. F. Budeck (M. D. or other) M.D.  
 Address 402 West Park Date signed 1-4-43

47500  
No. 3800  
Please see

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..... *H. Y. Larris* .....  
Licensed Embalmer No. *3384* .....  
P. O. Address..... *St Louis* .....

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.