U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42010

FILED JAN 15 1943

Registration District No. 1010 Primary Registration District No. 700 Registrar's No. 2746

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3904 Beachwood Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 3904 Beachwood Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Francis David O'Brien.
3. (b) If veteran, name war No
3. (c) Social Security No. 492-03-4844
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Margaret Colbert
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Aug. (Month) 3 (Day) 1909 (Year)

8. AGE: Years	Months	Days	If less than one day
33	4	20	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Assembling Lub. Equipment
11. Industry or business Lincoln Engineering Co.
FATHER 12. Name Lester O'Brien
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Ida Heinz
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Ella M. O'Brien
(b) Address 3904 Beachwood Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12- 26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) DEC 24 1942 (Date received local registrar) (b) E. G. McGinnis M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23 year 1942 hour 10 minute 10 a.m.
21. I hereby certify that I attended the deceased from Dec 5, 1942, 19..., to Dec 23, 1942, that I last saw him alive on Dec 23 1942 and that death occurred on the date and hour stated above. minutes later
Immediate cause of death Pulmonary TB (Duration Known to me 12/5 12/23)
Due to
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature F. C. Sudan (M.D. or other) M.D.
Address 3718 Jennings Date signed 12/24/42

(Licensed Embalmer's Statement on Reverse Side)

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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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

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.