

ED APR 28 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3730**

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: **Jewish 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 (Specify whether)

3. (a) PRINT FULL NAME **Edward B. O'Brien**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ola V. O'Brien** 6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **November 30 1903**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 4 20 hr. min.

9. Birthplace **Little Rock Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Lumber yard owner**

11. Industry or business _____

MOTHER FATHER
12. Name **Edward O'Brien**
13. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Egan**
15. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Ola V. O'Brien**

(b) Address **Jewish Hospital**

17. (a) **Burial** (b) Date thereof **4-23-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. James, Mo**

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**

(b) Address **4700 Washington Blvd.**

19. (a) **APR 21 1943** (b) **J. Z. Pudek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Camden**
(c) City or town **Camdenton** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20** year **1943** hour _____ minute **35** A. M.

21. I hereby certify that I attended the deceased from **April 19** 19**43** to **April 20** 19**43**

that I last saw him alive on **April 20** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Subarachnoid + Intraventricular Hemorrhage** Duration **24 hrs. life**
Due to **High blood pressure**

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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 **B. J. Glasberg** (M. D. or other) **D. D.**
Address **3720 Washington** Date signed **4/20/43**

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

FILED 10 1944

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 *Henry M. Brammer*
Licensed Embalmer No. *4200*
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.