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19894

V. S. No. 2
50M-5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 19 1943 818

1003

Registrar's No. 5480

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether)

In this community 0
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 507 Rutger St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lillie Mae O'Brien

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Thomas O'Brien 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb. 22nd., 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>3</u>	<u>21</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Pete Tourville

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

14. Maiden name Onedia Alexander

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

16. (a) Informant Mrs. Onedia McNulty
3431 Coles St.

17. (a) Burial (b) Date thereof 6-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's (Bridgeton Mo)

18. (a) Signature of funeral director Arthur J. Donnelly
3840 Lindell Blvd.

19. (a) JUN 15 1943 (b) J. J. Breech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13, year 1943 hour 4:27 minute A. M.

21. I hereby certify that I attended the deceased from June 10, 1943 to June 13, 1943 that I last saw her alive on June 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Coronary Artery Sclerosis

Due to Chronic Cholecystitis and Cholelithiasis

Other conditions 94
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above

Duration

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 William D. Park (M. D. or other)

Address 1515 Lafayette Avenue, Date signed 6/15/43

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..... *W.H. Van Matre*

Licensed Embalmer No. *2825*

P. O. Address..... *4340 Lafayette*

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.