

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County ST LOUIS MO.
(b) City or town ROBERSON MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
NAVY AIR BASE HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether
In this community 1 2/3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town 5573 TOWERS AVE
(If outside city or town limits, write "RURAL")
(d) Street No. ST LOUIS MO
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME

JOHN O'BRIEN

3. (b) If veteran, name war NAVI

3. (c) Social Security No. 488-09-7757

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife O'BRIEN (c) Age of husband or wife if alive 29 years

7. Birth date of deceased FEB. 16 1905
(Month) (Day) (Year)

8. AGE: Years 38 Months 5 Days 15
If less than one day hr. min.

9. Birthplace IRELAND (City, town, or county) (State or foreign country) 4

10. Usual occupation HABOR

11. Industry or business

12. Name JOHN O'BRIEN

13. Birthplace IRELAND (City, town, or county) (State or foreign country) 4

14. Maiden name BRIDGET KILLEN

15. Birthplace IRELAND (City, town, or county) (State or foreign country) 4

16. (a) Informant Josephine O'Brien

(b) Address 5573 Towers Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 4-1943
(Month) (Day) (Year)

(c) Place: burial or cremation SALVARY CEM.

18. (a) Signature of funeral director Dedrich F. Homis

(b) Address 8319 HALLO FERRY RD.

19. (a) AUG 2 1943 (b) J. McFarland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1943 hour 11:45 minute A M.

21. I hereby certify that I attended the deceased from 19 to 19;

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

Immediate cause of death From injuries received when cable broke on a crane, causing boom to fall and strike deceased.

Due to Crushing injury of chest; Laceration of spleen; Rupture of diaphragm.

Other conditions of diaphragm.
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations 176-6

Of autopsy Yes. 5

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) Accident. 196

(b) Date of occurrence July 31, 1943

(c) Where did injury occur? Lambert Field
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? 1 (Specify type of place) (e) Means of injury 176-6

23. Signature Josephine O'Brien (M. D. or other)
Address Kirkwood, Mo. 8-2-43 Date signed 1943

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

MOTHER FATHER

AUG 23 1943

AUG 18 1943

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.....

Arthur P. Friedrich

Licensed Embalmer No. 3556

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.