

LED JUL 24 1943

Registration District No. 317

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST MARY'S 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)

3. (a) PRINT FULL NAME JULIA O'BRIEN

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

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

6. (b) Name of husband or wife MATHEW 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUG 27 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 26 hr. _____ min.

9. Birthplace MILLWOOD MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE

11. Industry or business WIFE

MOTHER FATHER { 12. Name JOHN SCOTT
13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)
14. Maiden name JULIE CUMMINGS
15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant Daniel O'Gara

(b) Address 4899 CALVIN

17. (a) BURIAL (b) Date thereof 7-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MILLWOOD MO.

18. (a) Signature of funeral director Callen Kelly

(b) Address 7267 NATURAL BRIDGE

19. (a) JUL 17 1943 (b) D. H. McFarren M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN
(c) City or town MILLWOOD
(If outside city or town limits, write "RURAL")
(d) Street No. RR #2 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 43 hour 11:30 minute 0 M.

21. I hereby certify that I attended the deceased from July 9 1943 to July 13 1943 that I last saw her alive on July 13 1943 and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive hemorrhage
Due to Arteriosclerosis
Coronari

Due to _____
Other conditions Saunt
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy None

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 Charles Kelly (M. D. or other) _____
Address _____ Date signed 7-13-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

96
6026

✓

Dr. J. C. ...

Clinton ...
AUG 17 1948
308 N. ... St.

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 *Clement McMay*

Licensed Embalmer No. *3732*

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.