

S. No. 2  
M-2-43  
5-17-39  
X35897

33392

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 27 1943

Registration District No. 318

Primary Registration District No. 1803

Registrar's No. 9181

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:  
ST. JOHN'S HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 20 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO. (b) County.....  
(c) City or town..... ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4246 CLEVELAND AVE.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... BESS WOOD O'BRIEN

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... FEMALE 5. Color or race..... WHITE  
6. (a) Single, widowed, married, divorced..... MARRIED  
6. (b) Name of husband or wife..... JOSEPH A. O'BRIEN  
6. (c) Age of husband or wife if alive..... 64 years  
7. Birth date of deceased..... FEB. 12, 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 8 6 hr. min.

9. Birthplace..... DONT KNOW CALIFORNIA  
(City, town, or county) (State or foreign country)

10. Usual occupation..... AT HOME

11. Industry or business.....  
MOTHER FATHER { 12. Name..... MARION D. WOOD  
13. Birthplace..... DONT KNOW FLORIDA  
(City, town, or county) (State or foreign country)  
14. Maiden name..... MARION ENGLISH  
15. Birthplace..... ST. JOSEPH MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant..... JOSEPH A. O'BRIEN  
(b) Address..... 4246 CLEVELAND AVE.

17. (a) BURIAL (b) Date thereof..... 10-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... CALVARY CEMETERY

18. (a) Signature of funeral director..... Arthur Donnelly  
(b) Address..... 3840 Lindell Blvd  
19. (a) OCT 19 1943 J. J. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... OCT. day..... 18,  
year..... 1943 hour..... 1 minute..... A. M.  
21. I hereby certify that I attended the deceased from..... 8-19-43  
19..... to..... 10-17-43  
that I last saw h.e.v. alive on..... 10-17-43  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Cerebral hemorrhage  
Hypertensive vascular disease  
Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations..... a above  
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)  
23. Signature..... Carl J. Freis (M. D. or other)  
Address..... Humboldt Bldg. Date signed..... 10/18/43

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

*Handwritten notes and scribbles in the top right corner.*

**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 4840 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.**