

S. No. 2
M-2-43
5-17-39
1 X15597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32293

State File No. _____

8930

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Firmin Desloge Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 4965 Sunshine Dr.
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John J. O'Brien Sr.,

3. (b) If veteran, name war _____ 3. (c) Social Security No. 714-10-8721

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amelia 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased August 30th 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61	1	7	hr. min.
----	---	---	----------

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

10. Usual occupation Chauffeur

11. Industry or business _____

MOTHER FATHER { 12. Name John J. O'Brien

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

{ 14. Maiden name Not known

{ 15. Birthplace Not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Amelia O'Brien

(b) Address 4965 Sunshine Dr.

17. (a) Burial (b) Date thereof 7/11/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. S. S. Peter & Paul

18. (a) Signature of funeral director John J. Ziegenfuss
(b) Address 7027 Gravois Ave.

19. (a) OCT 10 1943 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th
year 1943 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Aug 16 1943 to Oct 7 1943
that I last saw him alive on Oct 6th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thromboses

Due to _____

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 H. J. Speck (M. D. or other) _____
Address 622 Union Club Date signed Oct 7 43

Dwailon

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 C. P. Kildivee

Licensed Embalmer No. 3877

P.O. Address: 7027 Gravois

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.