

FILED FEB 27 1944 18 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

784

603

1. PLACE OF DEATH:

(a) County _____
 (b) City or town City of St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BARNES 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 _____ 55 Years _____ (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town City of St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6238 Nottingham
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
 year 1944 hour 3 minute 05 P. M.

21. I hereby certify that I attended the deceased from
JAN 18, 1944, to Jan 18, 1944;
 that I last saw her alive on Jan 18, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death Asthma, acute, severe
 Duration _____
 Due to Intra-abdominal hemorrhage during asthmatic paroxysm.
 Due to Source not yet determined

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

Major findings:
 Of operations _____
 Of autopsy As above.

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 M. C. Abney (M. D. _____)
 Address BARNES HOSPITAL Date signed 1/19/44

3. (a) PRINT FULL NAME ALMIRE EMILY O'BRIEN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife C. A. O'Brien 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 9, 1889
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 0 9 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name Selden, Chase

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

14. Maiden name Caudia Smirl

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

16. (a) Informant Dr. C. A. O'Brien

(b) Address 6238 Nottingham

17. (a) Burial (b) Date thereof 1-21-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) JAN 20 1944 (b) J. F. Bush
 (Date received local registrar) (Registrar's signature)

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

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 Virgil L. Berryman
Licensed Embalmer No. 4018
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.