No. 2
5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 786

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1104

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Brothers O Hosp. (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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State: Mo. (b) County: 17

(c) City or town: St. Louis 9 13 (If outside city or town limits, write "RURAL")

(d) Street No.: 5255 Pattison Ave (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: WILLIAM J. O'BRIEN

3. (b) If veteran, name war: None

3. (c) Social Security No.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Viola O'Brien

6. (c) Age of husband or wife if alive: 27 years

7. Birth date of deceased: Feb. (Month) 28th (Day) 1942 (Year)

8. AGE: Years 31 Months 11 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace: St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: welder

11. Industry or business: St. Louis Shipyard

FATHER
12. Name: John O'Brien
13. Birthplace: St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name: Theresa Korney
15. Birthplace: St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Viola O'Brien

(b) Address: 5255 Pattison Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-7-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cem

18. (a) Signature of funeral director: Kriegshauser Mortuaries

(b) Address: 4228 So. Kingshighway

19. (a) FEB 8 1944 (Date received local registrar) J. F. Budsch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 32d year 1944 hour 4:06 minute A M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death: 1st, 2d & 3d degree burns of entire upper portion of body from sparks from a welding torch while working at the St. Louis Shipbuilding & Steel Co., foot of Arlee Street, St. Louis County, around 3:40 o'clock P.M., February 2nd, 1944.

Due to: ACCIDENT

Other conditions (Include pregnancy within 3 months of death): 181

Major findings: Of operations: 25

Of autopsy: 25

Duration

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): Accident 000

(b) Date of occurrence: Feb. 2, 1944

(c) Where did injury occur? St. Louis County (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial (Specify type of place)

While at work? yes (e) Means of injury: 3

23. Signature: Alfred A. Perry (M. D. or other)

Address: Deputy Coroner Date signed: 2/3/44

(Licensed Embalmer's Statement on Reverse Side)

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. Edwin D. McDermott

Licensed Embalmer No. 302X

P. O. Address.....

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.