20054

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6082

Registration District No. 818 Primary Registration District No. 1003 Registrar's No.

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: CITY SANITARIUM 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 46 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No. 1003 Park Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WALLACE O'BRIEN
3. (b) If veteran, name war #1 -
3. (c) Social Security No. 491-18-2049
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced Div. 3
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 17 (Day) 1898 (Year)

8. AGE: Years 46 Months 2 Days 20 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) U
10. Usual occupation Laborer
11. Industry or business -
FATHER 12. Name James O'Brien
13. Birthplace not known (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name Louisa O'Brien
15. Birthplace not known (City, town, or county) (State or foreign country) 9
16. (a) Informant Thelma A Deugler
(b) Address 5400 Arsenal St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/44 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director H. W. McLaughlin
(b) Address 2301 Lafayette Ave
19. (a) JUL 8 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1944 hour 9:15 minute P. M.
21. I hereby certify that I attended the deceased from June 26, 1944, to July 7 1944 that I last saw him alive on July 7 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Cardiovascular Disease	6/26/44 x
Due to: Cerebral Accident	7/5/44
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: no	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Lewis M. Gillie (M. D.)
Address 5400 Arsenal Date signed 7/7/44

(Licensed Embalmer's Statement on Reverse Side)

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 L R Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.