

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Memorial Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 1-Month (Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 001

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17

(d) Street No. 2827 Arlington Ave.
(If rural, give location) 7

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

3. (a) PRINT FULL NAME Anna O'Brien

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2

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

7. Birth date of deceased Dec. 19th., 1870
(Month) (Day) (Year)

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

73 9 21 _____ hr. _____ min.

9. Birthplace St. Louis Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Murray

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

14. Maiden name Mary Finn

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

16. (a) Informant Mrs. Clare Eufinger

(b) Address 706 N. West Hill, Oklahoma, City, Ok

17. (a) Burial (b) Date thereof 10-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ogleyry

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) OCT 2 1944 (b) E. J. McLaughlin
(Date received local registrar) (Registrar's signature) Address 7202 University Date signed 10/10/44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th., year 1944 hour 2 minute 40 a. M.

21. I hereby certify that I attended the deceased from Aug. 22, 1944 to Oct 10, 1944
that I last saw him alive on Oct 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death metastatic carcinoma Duration 6m.

Due to Carcinoma rectum 1 year

Due to HL

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

Major findings: _____

Of operations _____

Of autopsy _____

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) _____ 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 _____

Signature Arthur Swales (M. D. or other) MD

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address: 3840 Lindell

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.