

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1945
Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3537
Registrar's No. 2908

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5328 Fletcher Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 5328 Fletcher
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country (1)

3. (a) PRINT FULL NAME CATHERINE O'BRIEN
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Timothy O'Brien
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Aug. 7, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 5 19 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER {
12. Name Timothy Halloran
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Catherine Tracy
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alfred Stobart

(b) Address 5328 Fletcher Av. Jennings

17. (a) Burial (b) Date thereof 1/30/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) JAN 29 1945 (b) E. J. McLaughlin
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 26
year 1945 hour 3 minute 10 PM M.
21. I hereby certify that I attended the deceased from Nov 15, 1944, to 1-26-45, 1945;
that I last saw him alive on 1-26-45, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung
Duration 6 M.

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 47d
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)
(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 0
Signature E. H. Bradley (M. D. or other) Dr.
Address 634 N. Grand Date signed 1-27-45

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.....

Walter B. Bursley

Licensed Embalmer No. 4282

P. O. Address W. P. ...

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.