

FILED SEP 29 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 2267

Registration District No. 317

Primary Registration District No. 4467

1. PLACE OF DEATH:

(a) County *St. Louis*
(b) City or town *Valley Park*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: *Mall Nursing Home #4*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution *6 weeks*
(Specify whether
In this community *81 years*
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo.* (b) County *St. Louis*
(c) City or town *Valley Park*
(If outside city or town limits, write "RURAL")
(d) Street No. *49 Ford Ridge*
(If rural, give location)
(e) Citizen of foreign country? *No* (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

JAMES O'BRIEN

(b) If veteran, name war

none

(c) Social Security No.

none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Sept* day *22*
year *1945* hour *10* minute *55* P. M.

21. I hereby certify that I attended the deceased from *June* 1944 to *Sept 22* 1945
that I last saw him alive on *Sept 21* 1945
and that death occurred on the date and hour stated above.

Immediate cause of death *Carcinoma of base of brain*
Chr. J. Audige

Duration

1 yr.

4. Sex *Male*

5. Color or race *White*

(a) Single, widwed, married, divorced *Widowed*

(b) Name of husband or wife *Emma O'Brien*

(c) Age of husband or wife if alive *7* years

7. Birth date of deceased (Month) *Oct.* (Day) *9* (Year) *1867*

8. AGE:

Years *81* Months *11* Days *13*
If less than one day
hr. min.

9. Birthplace *Jefferson Co. Mo.*
(City, town, or county) (State or foreign country)

10. Usual occupation *Refined City Marshall*

11. Industry or business *City of Valley Park*

12. Name *James O'Brien*

13. Birthplace *Valley Park Mo.*
(City, town, or county) (State or foreign country)

14. Maiden name *Emma Flynn*

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

16. (a) Informant *Emma O'Brien*

(b) Address *Valley Park, Mo.*

17. (a) *Burial* (b) Date thereof *9/25/45*
(Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation *decedent's home*

18. (a) Signature of funeral director *decedent's funeral*

(b) Address *Dallwin Mo.*

19. (a) *9-23-45* (b) *C. P. McHannan*
(Date received local registrar) (Registrar's signature)

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)
(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 *P. DeBange* (M. D. or other) *MD*
Address *Wheeler Groves Mo* Date signed *9-22-45*

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

6
16
0

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 Geo. Schraer

Licensed Embalmer No. 3066

P. O. Address Baltimore, Md.

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.