

FILED APR 29 1946  
Registration District No. **4466**Primary Registration District No. **4466**Registrar's No. **876**

## 1. PLACE OF DEATH:

(a) County **S. Louis**  
 (b) City or town **Shrewsbury**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**7212 Devonshire Ave**  
 (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)

3. (a) PRINT  
FULL NAME**Patrick W O'Brien**3. (b) If veteran,  
name war **No**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  
**Elizabeth**6. (c) Age of husband or wife if  
alive **71** years7. Birth date of deceased **Dec 18 1868**  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
**77 3 29** hr. min.9. Birthplace **St. Louis Mo**  
(City, town, or county) (State or foreign country)10. Usual occupation **Syeamfitter**11. Industry or business **Mid West Pipe Co**12. Name **John O'Brien**13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)14. Maiden name **Mary Lawler**15. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)16. (a) Informant **Elizabeth O'Brien**(b) Address **7212 Devonshire Ave**17. (a) **Burial** (b) Date thereof **4 19 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Old St. Peter Paul**18. (a) Signature of funeral director **Kriegshauser**(b) Address **4228 So. Kingshighway**19. (a) **4/20/46** (b) **29th Javan**  
(Data received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St Louis 96**  
 (c) City or town **Shrewsbury 15**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **7212 Devonshire 0**  
 (If rural, give location) **0**  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17**  
year **1946** hour **1.30** AM minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from  
**4-2-41** 19\_\_\_\_ to **4-19-46** 19\_\_\_\_  
that I last saw him alive on **4-17** 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Chronic myocarditis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Senility**  
(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 **W. L. J. [Signature]** (M. D. brother) **0**  
Address **14065-50 Grand** Date signed **4/17/46**

Dr J L Ferris

4065 So Grand

Lo 2711

APR 20 1946

MAY 17 1946

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.....

*Clara J McRumalt*

Licensed Embalmer No..... 3824

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.