

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED JUN 20 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community..... 3 Years
years, months or days)

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

3. (b) If veteran, name war..... no

3. (c) Social Security No. 492-12-8464

4. Sex Male **5. Color or race** White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henrietta O'Brien

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 4 4 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>1</u>	<u>27</u> hr. min.

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

10. Usual occupation nil

11. Industry or business.....

MOTHER FATHER

12. Name James O'Brien

13. Birthplace Meed Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Julia Murry

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

16. (a) Informant Julia O'Brien

(b) Address 1112 E John Ave

17. (a) Burial **(b) Date thereof** 6-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Gordhart Gordhart
(b) Address 2228 St. Louis Ave

19. (a) JUN 3 1946 **(Date received local registrar)**
J. F. Bradock **(Registrar's signature)**

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 000

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

(d) Street No. 1112 E John Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 1
 year 1946 hour 9 minute 30 a. m.

21. I hereby certify that I attended the deceased from May 1 1946 to June 1 1946
 that I last saw him alive on June 1 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pneumonia, rt. upper lobe

Duration 4 days

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)
Auricular Fibrillation

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?

23. Signature Thayer W. H. ... **M. D. on duty**
 While at work? Yes **(Specify type of place)**
 Address 3911 Lee Ave **Date signed** 6/2/46

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 *Marie A. Cashion*

Licensed Embalmer No. *3949*

P. O. Address *St. Louis Mo*

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.