

FILED MAR 31 1947
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:
3452 South Spring Avenue /
(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 Minnie O'Brien

3. (b) If veteran, name war. ---- 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife. Richard M. 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased March 17th, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	0	4	hr. min.

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

10. Usual occupation housewife

MOTHER FATHER

11. Industry or business.....

12. Name Michael Daly

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

14. Maiden name Bridget Bough

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

16. (a) Informant Richard M. O'Brien

(b) Address 3452 S. Spring, St. Louis, Mo.

17. (a) burial (b) Date thereof Mar. 24, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul Cemetery

18. (a) Signature of funeral director Wacker - Hellerle & Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) MAR 22 1947 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3452 South Spring Avenue
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st
year 1947 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from Sept. 12
1946 to 3-21 1947
that I last saw h. alive on 3-20 1947
and that death occurred on the date and hour stated above

Immediate cause of death Cancer of uterus Duration

Due to.....

Due to.....

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?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature L. F. ... (M. D. or other)

Address 900-R ... Date signed 3-21-47

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.....

Frank J. McLeod

Licensed Embalmer No.....

2675

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.