S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

114

State File No. 3545

Registrar's No. 114

96
0
0

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town "Rural" Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Vincent's Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 year 2 months 11 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91

(c) City or town "Rural" Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 7301 St. Charles Rock Rd. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME REVEREND JOSEPH E. O'BRIEN S.J.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 1 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	10	12	hr. min.

9. Birthplace Keokuk (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Clergyman

11. Industry or business

FATHER
12. Name Michael O'Brien
13. Birthplace County Clare (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Mary Green
15. Birthplace County Clare (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Rev. V.P.ERbacher S.J.
(b) Address 4511 West Pine Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Florissant Mo.

18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd

19. (a) 1-14-48 (Date received local registrar) (b) Cecil A Shaw MD (Registrar's signature) Mrs

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13
year 1948 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 2, 1946 to January 13, 1948; that I last saw him alive on January 13, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to Arteriosclerotic Heart Disease	17 yrs.
Auricular fibrillation	1 yr.
Due to Diabetes mellitus	5 yrs.
Other conditions (Include pregnancy within 3 months of death): Psychosis with cerebral arteriosclerosis	2 yrs.

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 0

23. Signature W. B. Lytton (M. D. or other)

Address 7300 St. Charles Rock Rd. Date signed 1/13/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1948

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.