FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 21198

Registrar's No. 5747

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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5904 Page Blvd. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 5 0

If yes, name country

3. (a) PRINT FULL NAME Anne M. O'Brien.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 17 (Day) 1877 (Year)

8. AGE: Years 69 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Roscommon (City, town, or county) Ireland (State or foreign country) 11

10. Usual occupation At Home 1

11. Industry or business

FATHER
12. Name Michael Owens 11
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Bea Dowling 1
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant James M. O'Brien
(b) Address 5904 Page Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6- 28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.

19. (a) JUN 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1948 hour 4 minute 15 P M.

21. I hereby certify that I attended the deceased from Feb. 1, 1948, to 24 June, 1948; that I last saw her alive on June 24, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to 1 Arteriosclerosis	
2 Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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

Signature C. S. Wourmas (M. D. or other) MD

Address 539 N Grand Date signed 6-25-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.