

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. John Hospital D
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 4 Hours
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6317 Virginia St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Edward O. Brien
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20
 year 1948 hour 12:10 minute _____ P _____ M.

4. Sex Male U 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Myrtle
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased July 9 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-20 to 10-20 1948
 that I last saw him alive on 10-20 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 3 II hr. _____ min.

Immediate cause of death
Acute thrombosis Coronary artery
 Due to arteriosclerotic heart disease
 Due to _____

Duration 7 1/2 years

9. Birthplace Happy Hollow Ill
(City, town, or county) (State or foreign country)
 10. Usual occupation Ret. Motorman

Other conditions none
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations none
 Of autopsy as above

11. Industry or business _____
 12. Name Edward O. Brien Sr.
 13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Pharoah
 15. Birthplace England 4
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Myrtle O. Brien
 (b) Address 6317 Virginia Ave.
 17. (a) Burial (b) Date thereof 10-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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? _____

(c) Place: burial or cremation LakeWood Park Cem
 18. (a) Signature of funeral director Wm Schumacher
 (b) Address 3013 Meramec St.
 19. (a) OCT 23 1948 (b) J. B. Looster
(Date received by Registrar) (Registrar's signature)

While at work? _____
(Specify type of place)
 (c) Means of injury _____
 23. Signature John P. Raymond M. D. or other _____
 Address 634 N. Grand Date signed 10/22/48

DR. HAGER DR HYLAND
5 Public SERVICE

NK 5521

8-11 AM

4127 PA

APR 20 1949

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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 Francis Williamson

Licensed Embalmer No. 3565

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.