

FILED APR 7 1942 SP
Registration District No. 84

Primary Registration District No. 111

Registrar's No. 747

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's 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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 8203 South Broadway 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

3. (b) If veteran, name war None 3. (c) Social Security No. 498-14-7990

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

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

7. Birth date of deceased October 31, 1894
(Month) (Day) (Year)

8. AGE: Years 47 Months 5 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Guard

11. Industry or business Curtis-Wright

MOTHER { 12. Name Edward J. O'Brien

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

14. Maiden name Sarah Cox

MOTHER { 15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Hennessy

(b) Address 8203 South Broadway

17. (a) Burial (b) Date thereof 4-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand

19. (a) APR 8 1942 (b) C. S. McManus
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st
year 1942 hour 10:23p minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 27
27 1942 to Mar 31 1942
that I last saw him alive on Mar. 31 1942 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute Pulmonary Embolism

Due to Malignant Endocarditis
Septic Embolus - Fibrinous Capule

Due to from Bacterial Vegetation of Heart
Valve & Branch Pulmonary Artery

Other conditions Fungus left leg due
(Include pregnancy within 3 months of death) to embolus - of Popliteal Artery

Major findings: _____

Of operations None

Of autopsy Yes

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____