S. No. 300
v. 10-48

16

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6522

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1516

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis 5 c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis 17 9
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Little Sisters of Poor 3400 S.	d. STREET ADDRESS (If rural, give location) 3400 S.Grand Blvd.

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) Joseph Grand	c. (Last) O'Brien
4. DATE OF DEATH	(Month) (Day) (Year) February 15,1949		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH February 1, 1871
9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days 14	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St.Louis 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Patrick O'Brien	13b. MOTHER'S MAIDEN NAME Mary Maher	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Sister Henry	ADDRESS 3400 S.Grand Blvd.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Broncho-Pneumonia	1 week
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Virus Infection	1 week
DUE TO (c)	Arterio Cardio Sclerosis	1 yr
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	9 yr.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify) —	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Jan 30, 1949, *to* Feb 15, 1949, *that I last saw the deceased alive on* Feb 15, 1949, *and that death occurred at* 9 a *m., from the causes and on the date stated above.*

23a. SIGNATURE Edw P Buddy (Degree or title) 0	23b. ADDRESS 607 No Grand	23c. DATE SIGNED 2/16/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/17/49	24c. NAME OF CEMETERY OR CREMATORY St.Peter&Paul Cemetery
24d. LOCATION (City, town, or county) St.Louis (State) Mo.		
DATE REC'D BY LOCAL REG. FEB 17 1949	REGISTRAR'S SIGNATURE J B Lasater	25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons Und. Co. ADDRESS 2630 Gravois Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 ....., Student Embalmer No. .....,

working under my personal supervision.

Signed Robert T. Gebken

Signed .....
Student Embalmer

Licensed Embalmer No. 4144

P. O. Address 2630 Grevois Ave.

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.