

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21882  
State File No. \_\_\_\_\_  
Registrar's No. 5103

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5423 Lisette</u>		e. STREET ADDRESS (If rural, give location) <u>3417 Park</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>T</u> c. (Last) <u>O'Rourke</u>			4. DATE OF DEATH (Month) <u>6</u> (Day) <u>8</u> (Year) <u>1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 6, 1858</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired HWFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>92</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 10 HRS. Mins. _____	
11. BIRTHPLACE (State or foreign country) <u>County Cork Ireland</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Murphy</u>		14. NAME OF HUSBAND OR WIFE <u>Michael J O'Rourke</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Michael J O'Rourke 5423 Lisette</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>422nd</u>	

22. I hereby certify that I attended the deceased from May 1, 1950, to June 8, 1950, that I last saw the deceased alive on June 8, 1950, and that death occurred at 6pm, m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray J. Ochsner M.D.</u>		23b. ADDRESS <u>3606 Gravois St.</u>		23c. DATE SIGNED <u>6/9/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/12/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	

DATE REC'D BY LOCAL REG. <u>JUN 10 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lacater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. L. Ziegenhein &amp; Sons 7027 Gravois</u>	
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed: \_\_\_\_\_

*Francis J. Owen*

Signed: .....  
Student Embalmer

Licensed Embalmer No. 2245

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.