

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10483
2750

318

1003

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN | | 2179 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | f. STREET ADDRESS | | | |
| 1805 A So SPRING | | | | 1805 A So SPRING AVE | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) | | b. (Middle) | | c. (Last) | |
| MARY | | O'BRIEN | | 4. DATE OF DEATH | | MARCH 22 1951 | |
| 5. SEX | | 6. COLOR OR RACE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | 8. DATE OF BIRTH | |
| FEMALE | | WHITE | | WIDOWED | | AUG 27 1864 | |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 9b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? | |
| NONE | | AT HOME | | ST LOUIS MO | | MO | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | | 14. NAME OF HUSBAND OR WIFE | | | |
| OWEN MURIARTY | | BRIDGET POWERS | | JOHN P POWERS (DECEASED) | | | |
| 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 ADDRESS | | | |
| NO | | NO | | Eugene O'Brien 1805 So Spring | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | | | 5 days | |
| | | ANTECEDENT CAUSES | | | | | |
| | | DUE TO (b) | | | | 10 years | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| | | 19a. DATE OF OPERATION | | | | 20. AUTOPSY? | |
| | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| | | | | 304X | | | |
| 22. I hereby certify that I attended the deceased from Mar. 17, 1951, to Mar. 22, 1951, that I last saw the deceased alive on Mar. 22, 1951, and that death occurred at 10 P m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE | | (Degree or title) | | 23b. ADDRESS | | 23c. DATE SIGNED | |
| A. W. Peters | | O. M. D. | | 4145 a S. Grand Blvd. | | 3/23/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) | |
| BURIAL | | MARCH 26 1951 | | CALVARY CEMETERY | | ST LOUIS MO | |
| DATE REC'D BY LOCAL REG. | | REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | | | |
| MAR 2 1951 | | J. B. Kasater | | W. J. Robert Loring & Ynd 1905 So Grand | | | |

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.

Student
Student Embalmer

Signed Ronald O Yahnke

Licensed Embalmer No. 3917

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.