

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10484

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2215	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) 2617 OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 7329 Minnesota	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7329 Minnesota				d. STREET ADDRESS (If rural, give location) 7329 Minnesota			
3. NAME OF DECEASED (Type or Print) a. (First) Mary E. O'Brien			b. (Middle) _____			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) Mar. 22, 1951							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED/NEVER MARRIED/WIDOWED/DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 18, 1856	
9. AGE (In years last birthday) 94		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). None				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? 0							
13a. FATHER'S NAME Thomas Donohue			13b. MOTHER'S MAIDEN NAME Mary Sweetman			14. NAME OF HUSBAND OR WIFE James J. O'Brien	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Vincent Bayer Sr. 7329 Minn.			
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) Pneumonia Broncho 2 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Generalized arteriosclerosis 2 yrs				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 491x				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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 1940 3/22 , 19 51 that I last saw the deceased alive on 3/1 , 19 51 , and that death occurred at 1258a m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. Michael M.D.				23b. ADDRESS 872 Olive St. Louis		23c. DATE SIGNED 3/23/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-24-51		24c. NAME OF CEMETERY OR CREMATORY Parklawn Cem		24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.	
DATE REC'D BY LOCAL REGISTER MAR 23 1951		REGISTER'S SIGNATURE J. B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand			

Mr V. & Michael
8120 Ave
957 Arcade Bldg
Ga 4004
10 30 til 3

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: David T. Thomas

Signed.....
Student Embalmer

Licensed Embalmer No. 4242

P. O. Address 6072 W. Grand

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.