

FILED JUN 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. **21370**  
1003  
318  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. **5454**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>5454</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>2079</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>5509 Genevieve Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5509 Genevieve Avenue</b>				d. STREET ADDRESS <b>5509 Genevieve Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>Joseph</b>		c. (Last) <b>O'Brien</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 14, 1951.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 19, 1882</b>		9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stock Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Pipe Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Rockford, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John O'Brien</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Mahoney</b>		14. NAME OF HUSBAND OR WIFE <b>May O'Brien Wife</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. May O'Brien, 5509 Genevieve Ave.</b>			
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute upper respiratory infection</b> DUE TO (c) <b>Chronic Bronchitis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs ?</b> <b>7 days</b> <b>10 yrs ?</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4222</b>	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>5721</b>			
22. I hereby certify that I attended the deceased from <b>2-24</b> , 19 <b>51</b> , to <b>6-14</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>6-14</b> , 19 <b>51</b> , and that death occurred at <b>3:10 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Caroline L. Arnold M.D.</b>				23b. ADDRESS <b>8700 Partridge</b>		23c. DATE SIGNED <b>6-5-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/18/1951.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <b>J. B. Lester</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Math Hermann &amp; Son, Inc.</b>		ADDRESS <b>2161 E. Fair Ave.</b>			

**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 Walter G. Burnley  
Licensed Embalmer No. 14700  
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.