FILED JUL 13 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 21626

BIRTH NO. _____ REG. DIST. NO. 3,7 PRIMARY REG. DIST. NO. 3070 Registrar's No. 2484

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 437 Buckingham

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eureka
d. STREET ADDRESS (If rural, give location): R.R. # 1 Box ~~580~~ 5A

4740

**3. NAME OF DECEASED** (Type or Print)
a. (First): Oswin
b. (Middle): I.
c. (Last): O'Brien

**4. DATE OF DEATH** (Month) (Day) (Year): June 21, 1951

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Feb. 27 ~~Feb. 22~~, 1879
**9. AGE** (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired
**10b. KIND OF BUSINESS OR INDUSTRY**: Monotype operator
**11. BIRTHPLACE** (State or foreign country): St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Oswin J. O'Brien
**13b. MOTHER'S MAIDEN NAME**: Julia Steinbach
**14. NAME OF HUSBAND OR WIFE**: Delphine E. 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.**: 494-03-5007A
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Mrs. Delphine O'Brien, R.# 1 Eureka, Mo.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Art. Sclerosis — yens
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**: none
**19b. MAJOR FINDINGS OF OPERATION**: 420.1
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): none
**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): none 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* Dead on arrival *19__, to* 6/21/51, *19__, that I last saw the deceased alive on* —, *19__, and that death occurred at* 1:30 P. *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Frank P. Gaunt, MD
**23b. ADDRESS**: 13a N. Gore, Webster Groves Mo
**23c. DATE SIGNED**: 6/21/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 6-25-51
**24c. NAME OF CEMETERY OR CREMATORY**: Bethany Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Missouri

**DATE REC'D BY LOCAL REG.**: 6-23-51
**REGISTRAR'S SIGNATURE**: Herbert R. Domke MD
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Mittelberg Funeral Home, Inc. 78 W. LOCKWOOD AVE W.G.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 23 1951

## 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~~ M

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Geo W Wilkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

State of MISSOURI } ss.
County of ST. LOUIS }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

**AFFIDAVIT FOR CORRECTION OF A RECORD**

State File No. 21626
Local Registrar's No. 7484

On this 10TH day of JULY, 1951, before me appears SAM. C. MITTELBERG, who, upon HIS oath, states that the original record of ~~birth~~ death for OSWIN I. O'BRIEN ~~born~~ died JUNE 7 1, 1951, in the State of Missouri, and which was filed at ST. LOUIS COUNTY on JUNE 13 1951, should be corrected as follows:

Item No. 7 D should read BOX # 5A
Instead of BOX # 580

Item No. 8 should read FEB. 17, 1879
Instead of FEB 77, 1879

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Sam C. Mittelberg Undertaker
Relationship.

73 W. LOCKWOOD AVE WEBSTER GROVES, MO.
Present Address.

Subscribed and sworn to before me this 10th day of July, 1951.

My Commission expires MAY 14, 1954 Chas. J. Cox Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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