

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28588
Registrar's No. 7898

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> COUNTY <u>ST. CLAIR</u>	
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>EAST ST. LOUIS</u> 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>410^a N. 14</u> 8	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>THOMAS</u>	b. (Middle) <u>FRANCIS</u>	c. (Last) <u>O BRIEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9/3/51</u>
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5. SEX <u>MALE</u> 0	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 8 - 1925</u>	9. AGE (In years last birthday) <u>56</u>	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DETECTIVE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CITY POLICE</u>	11. BIRTHPLACE (State or foreign country) <u>EAST ST. LOUIS ILL</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>TIMOTHY O'BRIEN</u>	13b. MOTHER'S MAIDEN NAME <u>CATHERINE GRANEY</u>	14. NAME OF HUSBAND OR WIFE <u>RUTH TAY O'BRIEN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>yes W. W. I</u>	16. SOCIAL SECURITY NO. <u>441-10-5140</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Ruth O'Brien</u>	ADDRESS <u>410^a N. 14</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE APLASTIC ANEMIA WITH HEMORRAGE INTO THE LUNGS.</u>		DUE TO (b)		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <u>L.A. 2. H</u>
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22. I hereby certify that I attended the deceased from 9-1-51, 1951, to 9-3-51, 1951, that I last saw the deceased alive on 9-3-51, 1951, and that death occurred at 6:50p m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. O. Vonnell M.D.</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS	23c. DATE SIGNED <u>9/4/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT 6 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. CARMEL</u>	24d. LOCATION (City, town, or county) (State) <u>Belleville Ill.</u>
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DATE REC'D BY LOCAL REG. <u>SEP 5 1951</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Walsh</u>	ADDRESS <u>Barnes East St. Louis</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.....

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Philip Ogden*
Licensed Embalmer No. *7091*

P. O. Address.....

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.