.S. No. 300
Rev. 10.48

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

FILED OCT 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33283

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8738

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2679
d. STREET ADDRESS (If rural, give location): 4636 Steinlage Drive

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): D.
c. (Last): O'BRIEN

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 16, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 2, 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 7, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofing Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Central Roofing
11. BIRTHPLACE (City and State or Foreign Country): De Soto, Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: John W. O'Brien
13b. MOTHER'S MAIDEN NAME: Catherine Cleary
14. NAME OF HUSBAND OR WIFE: Lillian O'Brien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 492-07-2255
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Lillian O'Brien 4636 Steinlage Dr

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): Myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c): Hypertension

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* 9-9-52, 19__, *to* 9-16-52, 19__, *that I last saw the deceased alive on* 9-16-52, 19__, *and that death occurred at* 6:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James B. Strachan, Jr., M.D.
23b. ADDRESS: 1515 Lafayette Avenue
23c. DATE SIGNED: 9-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/19/52
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cem.
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: SEP 18 1952
REGISTRAR'S SIGNATURE: J. Carl Smith M.D. M.J.B.
25. FUNERAL DIRECTOR'S SIGNATURE: Chas. F. Shaw
ADDRESS: 1225 Union

(Licensed Embalmer's Statement on Reverse Side)

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 John J. Haines

Licensed Embalmer No. 4108

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.