

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43997

State File No. _____

FILED JAN 3 - 1953

3363

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. CITY (If outside corporate limits, write RURAL and give township) University City 4326	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospt.		d. STREET ADDRESS (If rural, give location) 1047a Irma Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) T c. (Last) O'Brien			4. DATE OF DEATH (Month) (Day) (Year) 12/31/52
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 15 1885
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber Labor	11. BIRTHPLACE (State or foreign country) Ireland
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber Labor		10b. KIND OF BUSINESS OR INDUSTRY Const.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME O'Brien		13b. MOTHER'S MAIDEN NAME Mary Foley	14. NAME OF HUSBAND OR WIFE Margaret O'Brien
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes U.S. #1		16. SOCIAL SECURITY NO. Dont Know	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret O'Brien 1047a Irma Ave.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rupture of subclavian artery and vein due to H. S. W. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 976X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) AT HOME	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) U. City St. Louis MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 30, 1952 9:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? SELF-INFLICTED GUNSHOT WOUND			
22. I hereby certify that I attended the deceased from 12-30-1952 , to 12-31-1952 , that I last saw the deceased alive on 12-28-1952 , and that death occurred at 8:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. Edwin C. Kasten M.D.		23b. ADDRESS 601 S. Brentwood, Clayton, Mo	
23c. DATE SIGNED 1-2-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/3/53	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. 1-2-53		REGISTRAR'S SIGNATURE Herbert R. Donk No	
25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark		ADDRESS 1125 Hodiament Ave.	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Fred J. Lamm

Licensed Embalmer No. 4988

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.