

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7822

FILED FEB 26 1953

State File No. 1498  
Registrar's No. 1498

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 1498		Registrar's No. 1498			
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 township) <b>ST. LOUIS</b>			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b> 2059					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JEWISH HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>6211 McPherson Ave.</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>		b. (Middle) <b>GLASGOW</b>		c. (Last) <b>O'FALLON.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2/6/1953.</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>Sep't 28, 1887.</b>		9. AGE (In years last birthday) <b>65.</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired R.R. Sales Dep't</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Sinclair Oil Co.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Frank M. O'Fallon.</b>			13b. MOTHER'S MAIDEN NAME <b>Anita Glasgow.</b>			14. NAME OF HUSBAND OR WIFE <b>Caroline O'Fallon.</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes. W.W.I.</b>		16. SOCIAL SECURITY NO. <b>084-09-1512A</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Caroline O'Fallon; 6211 McPherson</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute pulmonary edema</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>Bronchial asthma chronic hemiplegia and pulmonary emphysema</b>  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hiatus hernia; bleeding</b>						INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b> <b>6 months</b> <b>2 yrs</b> <b>6 months</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>241X</b>							
22. I hereby certify that I attended the deceased from <b>July</b> , 1950, to <b>February</b> , 1953, that I last saw the deceased alive on <b>Feb 6</b> , 1953, and that death occurred at <b>10:10 AM</b> on the cause and on the date stated above.											
23a. SIGNATURE <b>Paul D. Silvermintz M.D.</b>				23b. ADDRESS <b>508 No Grand</b>			23c. DATE SIGNED <b>2-7-53</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/9/53.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cem.,</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>					
DATE REC'D BY LOCAL REG. <b>FEB 9 1953</b>		REGISTRAR'S SIGNATURE <b>McC.R. Lupton &amp; Sons</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McC.R. Lupton &amp; Sons; 7233 Delmar Blvd.</b>						

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

AUG 28 1953

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

*Clarence H. Murray*

Licensed Embalmer No.

*4011*

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.