

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12099

State File No. \_\_\_\_\_  
Registrar's No. **3188**

FILED APR 4 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

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>St. Louis</b>	
b. CITY (If outside corporate limits, write BURIAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write BURIAL and give township) OR TOWN <b>Valley Park</b> <b>4761</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bethesda General Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>617 Vest Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b> b. (Middle) <b>O'Brein</b> c. (Last) <b>O'Brein</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 24, 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>May 27, 1899</b>
9. AGE (In years) last birthday <b>53</b>		# UNDER 1 YEAR Months	# UNDER 12 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tavern Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Tavern</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James O'Brein</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Buxton</b>	
14. NAME OF HUSBAND OR WIFE <b>Mae O'Brein</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>499-26-5615</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Rosemary Belt, Valley Park, Mo.</b> ADDRESS.	
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) <b>Carcinoma of the Liver</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cirrhosis of Liver</b> 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 type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>1561</b>		22. I hereby certify that I attended the deceased from <b>Trou</b> , 1951, to <b>Mar 24, 1953</b> , that I last saw the deceased alive on <b>Mar 23, 1953</b> , and that death occurred at <b>7 A</b> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>O. Deabough</b>		23b. ADDRESS <b>On. D. Webster Groves Mo</b>	
23c. DATE SIGNED <b>3/24/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>3/27/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery,</b>	
24d. LOCATION (City, town, or county) (State) <b>Kirkwood, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Schrader Funeral Home, Ballwin, Mo.</b> ADDRESS	
DATE REC'D BY LOCAL REG. <b>MAR 24 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	

**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

*Richard Bopp*

Licensed Embalmer No. 4584

P. O. Address Ballwin, 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.