

FILED MAY 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14189

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 967

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived, if institutional residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>		c. CITY OR TOWN <u>Cresta RR#1 74</u>	
c. LENGTH OF STAY (In this place) <u>1 Week</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Josephs Hospital Touch Care</u>		e. STREET ADDRESS (If Rural, give location) <u>Rural Cherokee Township 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAWRENCE</u> b. (Middle) <u>SYLVESTER</u> c. (Last) <u>O'BRIEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April - 25 - 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 31 - 1887</u>
9. AGE (In years) (last birthday) <u>67</u> Months <u>8</u> Days <u>22</u>		10. IF UNDER 1 YEAR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Byrnesville Mo</u>		12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Patrick O'Brien</u>		13b. MOTHER'S MAIDEN NAME <u>Hellie J. Muir</u>	
14. NAME OF HUSBAND OR WIFE <u>Florence (Warner) O'Brien</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Raymond O'Brien</u>		ADDRESS <u>Cresta RR#1</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Mucoid Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>months</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 <u>4-18-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Metastatic carcinoma in bladder 181x</u>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-17, 1955</u> , to <u>4-25, 1955</u> that I last saw the deceased alive on <u>4-25, 1955</u> , and that death occurred at <u>8:40 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles Miller, Jr.</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>134 W. Adams, Kirkwood</u>	
23c. DATE SIGNED <u>4-27-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>4/29/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St Columbkille Cem.</u>		24d. LOCATION (City, town or county) (State) <u>Byrnesville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/27/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Jomde, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. M. McCremer</u>		ADDRESS <u>Four Springs - Mo.</u>	

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

had not been completed.

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 141

P. O. Address Home Spr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.