

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38697**
Registrar's No. **9363**

XC # 233 91 55
REG # 11575
SL # 4089
FILED NOV 18 1955

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 MISSOURI b. COUNTY ST. LOUIS | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN 915 N.GRAND, ST.LOUIS, MO.) | | c. LENGTH OF STAY (In this place) 15 DAYS | | c. CITY OR TOWN MAPLEWOOD 4544 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP. | | e. STREET ADDRESS (If rural, give location) 3316 GREENWOOD | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) H c. (Last) O'BRYAN | | | 4. DATE OF DEATH (Month) (Day) (Year) 10-25-55 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH 6-13-80 | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR: Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER | | 10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN | | 11. BIRTHPLACE (City and State or Foreign Country) CHARLESTON, MISSOURI | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME VALENTINE O'BRYAN | | 13b. MOTHER'S MAIDEN NAME MARY PATE | |
| 14. NAME OF HUSBAND OR WIFE NONE (Grace Spencer O'Bryan) | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPAW | | 16. SOCIAL SECURITY NO. 494-03-7430 | |
| 17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC ARREST - POST OPERATIVE ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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. | | INTERVAL BETWEEN ONSET AND DEATH 17 MINUTES | |
| 19a. DATE OF OPERATION 10-25-55 | | 19b. MAJOR FINDINGS OF OPERATION COMMON DUCT STONE OF GALL BLADDER | | 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) VA | | 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 10-10-55 , 19___, to 10-25-55 , 19___, that I lost care of the deceased on 10-25-55 , 19___, and that death occurred at 2:45 Pm. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Herbert Luke, M.D. HERBERT LUKE | | 23b. ADDRESS (Degree or title) M. D. VAH, ST. LOUIS, MISSOURI | | 23c. DATE SIGNED 10-25-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 10-28-55 | | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith M.D. | | ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave. | |
| DATE REC'D BY LOCAL REG. OCT 27 1955 | | (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 None
Signature of Student Embalmer

Signed Delis J. Krissin

Licensed Embalmer No. 34

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.