

FILED NOV 28 1956

STANDARD CERTIFICATE OF DEATH

State File No.

39687

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10054**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) JOHN T. O'BRIEN		a. (First) JOHN		b. (Middle) T.	
c. (Last) O'BRIEN		4. DATE OF DEATH (Month) (Day) (Year) Nov. 3 1956		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 25 1891	
9. AGE (In years last birthday) 65		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Luck Painter		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Martin O'Brien		13b. MOTHER'S MAIDEN NAME Bridgett Hannekin		14. NAME OF HUSBAND OR WIFE Nellie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 496-36-0211		17. INFORMANT'S SIGNATURE OR NAME Nellie O'Brien	
				ADDRESS 516 N. Koeln	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension		2 yrs	
		DUE TO (c) arterio-sclerotic heart disease		2 yrs	
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 420.0		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)		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 **Oct. 15 1956**, to **Nov 3 1956**, that I last saw the deceased alive on **Nov 3 1956**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George A. O'Sullivan, M.D.		23b. ADDRESS 7629 Ivory		23c. DATE SIGNED 11-5-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/6/56		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive	
				24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo	

DATE REC'D BY LOCAL REG. NOV 5 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE JOS. P. FENDLER JR.	
				ADDRESS 7128 MICHIGAN	

(Licensed Embalmer's Statement on Reverse Side)

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
Signature of Student Embalmer

Signed *Clarence Rochon*

Licensed Embalmer No. *3093*

P. O. Address *7128 Mick*

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.

REPRODUCED BY PERMISSION OF THE BOARD OF HEALTH