

FILED APR 8 - 1957

STANDARD CERTIFICATE OF DEATH

11464
STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 572

Registrar's No. 764

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson		Inside Limits Yes # No <input type="checkbox"/>		c. CITY OR TOWN Ferguson 4119		Inside Limits Yes # No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 141 N. Elizabeth			Length of stay in lb 2 yrs.		d. STREET ADDRESS (If outside, give location) 141 N. Elizabeth		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Lucy Middle Johanna Last O'Brien				4. DATE OF DEATH Month March Day 20 Year 1957									
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 19, 1874		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Wapella, Ill.			12. CITIZEN OF WHAT COUNTRY? U. S.				
13. FATHER'S NAME James Sharkey						14. MOTHER'S MAIDEN NAME Hanna Daley							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 328-10-4501			17. INFORMANT Address Mrs. William N. Kennedy, Ferguson,							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerotic cardiovascular disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____										INTERVAL BETWEEN ONSET AND DEATH several years		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION 4201			COUNTY _____ STATE _____				
21. I attended the deceased from 2/4/55 to 3/20/57 and last saw her ^{alive} on 3/15/57 Death occurred at 1:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) J. C. Huebner MD						22b. ADDRESS 111 Church St, Ferguson			22c. DATE SIGNED 3/21/57				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-23-57		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis, Mo.						
24. FUNERAL DIRECTOR WHITE CHAPEL, FERGUSON, MO.				25. DATE RECD. BY LOCAL REG. 3/22/57		26. REGISTRAR'S SIGNATURE Herkert A. Donke MD							

(Licensed Embalmer's Statement on Reverse Side)

Health,
& Welfare
Public
Health ServiceS. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

securing the medical certification in the specific manner required by 193-120 MONS 1947.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

7.

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 Eleanore Poyness

Licensed Embalmer No. 340

P. O. Address Jaymings,

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.