

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15107

FILED APR 26 1957

318

1003

STATE FILE NUMBER

3686

Registration District No. Primary Registration District No. Registrar's No.

Health,
Welfare
Public
Service

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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.

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Desloge Hospital		Length of stay in 1b 1-day 27 ⁹	STREET ADDRESS 4497 a Bircher Blvd.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mary O'Brien			4. DATE OF DEATH Month Day Year April 16, 1957		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 18, 1868	9. AGE (In years last birthday) 88 IF UNDER 1 YEAR IF UNDER 24 MRS. Month Days Hours Min. 6 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife-at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Maurice O'Neil			14. MOTHER'S MAIDEN NAME Catherine Cullen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Walter Burke, 4497a Bircher Blvd.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>slowly obstructed</i> DUE TO (b) <i>fractured left femoral head</i> DUE TO (c) <i>501.5</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Generalized atherosclerosis</i>					INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
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		COUNTY	STATE
21. I attended the deceased from <i>Apr 15-17</i> to <i>Apr 16-17</i> and last saw her/him alive on <i>4/16/57</i> Death occurred at <i>6:15 pm</i> on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE (Degree or title) <i>John J. Honnely M.D.</i>			22b. ADDRESS <i>508 W. Chaucer</i>		22c. DATE SIGNED <i>4/17/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
Burial		April 22, 1957	Calvary Cemetery		St. Louis, Missouri
24. FUNERAL DIRECTOR <i>Arthur J. Honnely</i>		ADDRESS 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG. APR 17 '57		26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>

(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 me....., Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 461

P. O. Address 3840

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.