

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 4 1957

318

1003

29843  
STATE FILE NUMBER

7932  
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri 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 Saint 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 Deaconess Hospital			Length of stay in lb 2 Wks 2 Days		34 STREET ADDRESS 6720 Sutherland		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last OREON T O'Brien				4. DATE OF DEATH Month Day Year 8 21 1957					
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9-15-1904		9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Month Days Hours Min. 11 11 11 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trust Office			10b. KIND OF BUSINESS OR INDUSTRY Mercantile Trust		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Thomas James O'Brien				14. MOTHER'S MAIDEN NAME Fannie Ladue Munson					
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.		17. INFORMANT Address Mrs Oreon T O'Brien 6720 Sutherland				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - Pulmonary edema and congestion  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Infarctions of left ventricular wall Thrombosis DUE TO (c) Acute Myocardial Infarction sec. to Coronary  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) None							INTERVAL BETWEEN ONSET AND DEATH ?  ?  17 days		
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.) 4201						
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 8/4/57 A.P. to 8/21/57 and last saw her alive on 8/21/57 Death occurred at 6:15 P.m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Grant Lumban M.D.				22b. ADDRESS 731 East Big Bend, W.G. 19, Mo.		22c. DATE SIGNED 8/23/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-26-1957	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) St Louis		(State) Mo.		
24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary 6164 Chippewa Street St. Louis, Missouri				25. DATE REGD. BY LOCAL REG. AUG 24 57		26. REGISTRAR'S SIGNATURE Carl Smith - MD			

*An Immanuel  
731 Big Bend*

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *B. C. [Signature]*

Licensed Embalmer No. *f...*

P. O. Address *St. Leo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.