Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030822
STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7789

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 35 Veteran's Hospital — Length of stay in 1b 30-days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St.Louis
c. CITY OR TOWN University City 4346 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 27 7225 Lindell Blvd. — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Thomas Middle A. Last O'Brien
4. DATE OF DEATH Month Day Year Aug.9,1958

5. SEX M.
6. COLOR OR RACE W.
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH June 13, ~~1892~~ 1894
9. AGE (In years last birthday) ~~66~~ 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner, Meat Market
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) St.Louis,Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME James O'Brien
13b. MOTHER'S MAIDEN NAME Catherine Burke
14. NAME OF HUSBAND OR WIFE Mary O'Brien

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War # 1
16. SOCIAL SECURITY NO. 496-36-8613
17. INFORMANT Mrs.Eileen Boland, 3935 Castleman Ave. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Laceration of the Aorta due to Fractured ribs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) E902.745
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Corrected by affidavit 10/7/58 — 19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT SUICIDE HOMICIDE Open Verdict
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Hospital on August 9, 1958 about 930 pm. Whether accidental or suicidal could not be determined
20c. TIME OF INJURY Hour p.m. Month, Day, Year 930 8 9 58
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 35 Hosp
20f. CITY, TOWN, OR LOCATION 060 COUNTY STATE St Louis Mo

21. I attended the deceased from _____ and last saw her/him alive on _____
Death occurred at 9.40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James M Kelly Deputy Coroner
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 8-11-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug.13,1958
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St.Louis,Missouri

24. FUNERAL DIRECTOR Arthur J. Donnelly — ADDRESS 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG. AUG 11 '58
26. REGISTRAR'S SIGNATURE J Carl Smith MD MRS

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

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 causally related.

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address 3840 Lincoln

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.