

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042054
State File No.

86547-58
FALL DEC 1 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10176

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN Normandy 4000 d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital

STREET ADDRESS (If rural, give location) 8201 Florissant Road, 21

3. NAME OF DECEASED (Type or Print) a. (First) Patrick b. (Middle) Anthony c. (Last) O'Brien

4. DATE OF DEATH (Month) (Day) (Year) 10 21 58

5. SEX Male 0

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 0

8. DATE OF BIRTH 10-19-58 ✓

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 31

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

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 _____

13b. MOTHER'S MAIDEN NAME Mary Catherine O'Brien

14. NAME OF HUSBAND OR WIFE _____

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. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary O'Brien - 8201 Florissant Rd. Normandy

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intraventricular hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Monatal atelectasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity

INTERVAL BETWEEN ONSET AND DEATH 3 hours 760.5 31 hrs.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 10/19, 1958, to 10/21, 1958 that I last saw the deceased alive on 10/21, 1958, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Paul R. Byrne, M.D. (Degree or title) _____

23b. ADDRESS Carl Hermann Hoy

23c. DATE SIGNED 10/21

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/24/58

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis

DATE REC'D BY LOCAL REG. OCT 24 '58

REGISTRAR'S SIGNATURE Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Callen & Kelly 7267 Nett Bridge

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..

Not Embalmed

Student
Signature of Student Embalmer

Signed *James A. Lumme*

Licensed Embalmer No. *417*
P. O. Address *St Louis*

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.