

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023600

FILED JUN 22 1959

Registration District No. 317

Primary Registration District No. 541

STATE FILE NUMBER

Registrar's No. 1554

1. PLACE OF DEATH  
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)  
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Clayton  
Inside Limits Yes  No

c. CITY OR TOWN Richmond Heights 1485  
Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION County Hospital  
Length of stay in 1b

d. STREET ADDRESS (If outside, give location)  
1600 Bellevue  
Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print)  
First Middle Last  
John Robert O'Brien

4. DATE OF DEATH  
Month Day Year  
June 6, 1959

5. SEX  
Male

6. COLOR OR RACE  
White

7. MARRIED  NEVER MARRIED   
WIDOWED  DIVORCED

8. DATE OF BIRTH  
Dec. 25, 1939

9. AGE (In years last birthday)  
20

IF UNDER 1 YEAR  
Months 5 Days 11

IF UNDER 24 HRS  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Lithographer

10b. KIND OF BUSINESS OR INDUSTRY  
Universal Prtg.

11. BIRTHPLACE (City and state or country)  
Moline, Illinois

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME  
William J. O'Brien

13b. MOTHER'S MAIDEN NAME  
Naomi Beland

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give year or years, give war or dates of service)  
Yes 1957

16. SOCIAL SECURITY NO.  
499-38-7233

17. INFORMANT Address  
Mrs. Naomi O'Brien 1600 Bellevue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Extensive chest injuries and skull fracture  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) \_\_\_\_\_  
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  
19. WAS AUTOPSY PERFORMED?  
YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
Lost control of car he was operating, which

20c. TIME OF INJURY  
Hour Month, Day, Year  
6:35 a.m. 6/6/59

skidded across highway, striking a tree

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.)  
highway

20f. CITY, TOWN, OR LOCATION COUNTY STATE  
Rural St. Louis Missouri

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 4:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
Raymond L. Davis Coroner 3

22b. ADDRESS  
Clayton, Mo.

22c. DATE SIGNED  
6/10/59

23a. FUNERAL HOME

23b. DATE  
6/9/59

23c. NAME OF CEMETERY OR CREMATORY  
Calvary Cemetery

23d. LOCATION (City, town, or county) (State)  
St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS  
Chas. F. Stuart 1225 Union Bl.

25. DATE RECD. BY LOCAL REG.  
6-8-59

26. REGISTRAR'S SIGNATURE

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

VS APR 18 1907

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 *John J. Haine* .....  
Licensed Embalmer No. *4108* .....

P. O. Address *St. Louis, Mo.* .....

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.