

DEC 21 1960

-60-047808

INDEXED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12044** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>	Length of stay in 1b <i>55 years</i>	c. CITY OR TOWN <i>St. Louis</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Missouri Baptist Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>5645 Kennerly Ave</i>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Gussie B.</i> Middle <i>O'Brien</i> Last			4. DATE OF DEATH Month <i>December</i> Day <i>14</i> Year <i>1960</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>11/12/85</i>	9. AGE (last birthday) <i>75</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (City and state or country) <i>Jersey County Illinois</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Charles Sturdevant</i>		13b. MOTHER'S MAIDEN NAME <i>Nona Newell</i>		14. NAME OF HUSBAND OR WIFE <i>Robert M. O'Brien</i>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no none</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Robert C. O'Brien</i>	Address <i>1412 Hamilton Ave</i>
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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 <i>2 Hrs</i>
IMMEDIATE CAUSE (a) <i>Congestive Heart Failure</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Hypertensive Arteriosclerosis H.D.</i>	<i>5-10 yrs</i>
	DUE TO (c) <i>443 r</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from *January 1958* to *December 14, 1960* how long alive on *12-13-60*
Death occurred at *10:30 A.M.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Leonard J. Piccione M.D.</i>	(Degree or title)	22b. ADDRESS <i>6303 Natural Bridge Mo.</i>	22c. DATE SIGNED <i>12-14-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>Dec 17, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mount Lebanon Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County Missouri</i>
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24. FUNERAL DIRECTOR <i>Shepard Funeral Home</i>	ADDRESS <i>1167 Hamilton Ave</i>	25. DATE RECD. BY LOCAL REG. <i>DEC 15 1960</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Lawrence O. Berlin

Licensed Embalmer No. 4979

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.