

S. No. 2  
OM-5-43  
ev. 5-17-39  
I X36671

FILED JUL 15 1947

Registration District No. \_\_\_\_\_ Primary Registration District No. 3063

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County ST. LOUIS COUNTY

(b) City or town CLAYTON  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. LOUIS COUNTY HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 DAYS  
(Specify whether years, months or days) 10 Mos.

3. (a) PRINT FULL NAME JANE O'BRIEN.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MAY 31 1872  
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day

75 1 6 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace SEDALIA MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired; Nurse.

11. Industry or business \_\_\_\_\_

12. Name James O'Brien.

13. Birthplace Cork County, Ireland.  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Swan.

15. Birthplace Cork County, Ireland.  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. PAUL THOMAS

(b) Address 636 PERK, KIRKWOOD

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-9-1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Missouri.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) 7-10-47 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS COUNTY

(c) City or town KIRKWOOD  
(If outside city or town limits, write "RURAL")

(d) Street No. 711 KIRKWOOD ROAD  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 7  
year 1947 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from JUNE 30 1947 to JULY 7 1947  
that I last saw her alive on JULY 7 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

Due to Hypertensive Cardio-vascular disease.

Due to 938

Other conditions Generalized arteriosclerosis  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury Di

23. Signature Robert L. Coulter Jr. (M. D. or other) \_\_\_\_\_  
Address GOLDENWOOD D-90 Date signed 7-7-47

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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 embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Clarence H. Murray  
..... Licensed Embalmer No. 4011  
..... 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 this body is not embalmed, fact should be so stated above.**