

S. No. 300
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#33181
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

6835
State File No.
Registrar's No. 1391

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 20
(c) City or town St. Louis
(d) Street No. 3725 California Memorial 24
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH O'BRIEN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female / race white
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Timothy
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 7, 1864

8. AGE: Years 83 Months 9 Days 2
If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name James Turner

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Jane Dunkel

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Hugh P. Reed, Sr.

(b) Address 1322 McCutcheon, Richmond Heights

17. (a) Burial (b) Date thereof Feb. 12, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director

(b) Address 2929 S. Jefferson Ave.

19. (a) FEB 10 1948 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 9th
year 1948 hour 12 minute 05 P.M.
21. I hereby certify that I attended the deceased from 1/7/48
19 to Feb. 9th 19 48
that I last saw her alive on Feb. 9th 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral vascular accident (cerebral hemorrhage)
Due to Hypertension, arteriosclerosis, heart disease
Due to
Other conditions: Severe psychoses - Simple decubiti
(Include pregnancy within 3 months of death)

Major findings: Of operations Left hemiplegia
Of autopsy
PHYSICIAN 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?

23. Signature Accuracy man (M. D. or other)
Address 1515 Lafayette Ave. Date signed 2/9/48

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.....

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

Signed.....*Edgar F. With*.....

Licensed Embalmer No. *2117*.....

P. O. Address.....

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.