

Filed JAN 11 1949
318

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: DePaul Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days,
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Clara O'Brien,

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female, 5. Color or race White.

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

6. (b) Name of husband or wife Wm. P. O'Brien,

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

7. Birth date of deceased August 5, 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>4</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Attendant,

11. Industry or business Malcom Bliss Hospital,

12. Name Joseph Burgess,

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

14. Maiden name Clara Davis,

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

16. (a) Informant Elmer J. O'Brien,

(b) Address 4022a California Ave.,

17. (a) Burial, (b) Date thereof 12/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murphysboro, Ill.

18. (a) Signature of funeral director Gebken-Benz Mortuary,

(b) Address 2842 Meramec St.,

19. (a) DEC 21 1948 (b) J. B. Sarate
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 000

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 3826 Iowa Ave.,
24 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th
year 1948 hour 6: minute 30 P. M.

21. I hereby certify that I attended the deceased from 10/30 1948 to 12/19 1948
that I last saw her alive on 12/19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus with uremia

Due to Carcinoma cervix, 2 yrs

Other conditions Hx
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Autopsy Complete obstruction of both ureters by carcinoma

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? _____

(Specify type of place) _____

While at work _____ Means of injury _____

23. Signature Deleean Collins M. D. or other _____
Address 2301 N. Kingshighway Date signed 12/20/48

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.....ME.....

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

Signed.....

Licensed Embalmer No.....1249.....

2842 Meramec St.,
P. O. Address.....St. Louis, 18, 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.