

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21501  
5171

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100a Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (in this place) township) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>17</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carrie Geietner Home</u>		d. STREET ADDRESS (If rural, give location) <u>12 - 339 N. Taylor Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice Grace</u> b. (Middle) <u>O'Brien</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>June 13, 1949</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>April 7, 1870</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>2</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Peter McGivney</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>P.J. O'Brien</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Algie O'Brien, 3542 Crittenden</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>Osteo arthritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>97</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR _____		<u>4.50</u>	
22. I hereby certify that I attended the deceased from <u>June 16, 1949</u> , to <u>June 13, 1949</u> , that I last saw the deceased alive on <u>June 13, 1949</u> , and that death occurred at <u>9:10 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. H. Sturges, M.D.</u>		23b. ADDRESS <u>5000 S. Broadway</u>	
23c. DATE SIGNED <u>6/14/49</u>		24. BURIAL (CREMATION REMOVAL) (Specify) <u>Burial</u>	
24b. DATE <u>June 16, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		DATE RECD BY LOCAL REG. <u>JUN 14 1949</u>	
REGISTRAR'S SIGNATURE <u>J. B. Hasler</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur J. Donnelly 40 Lindell Blvd.</u>	

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

**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.

Signed..... *W.A. Van Matre* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

**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.