

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18509  
4175  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		20 79	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospt</b>				d. STREET ADDRESS (If rural, give location) <b>5932 Ferris Ave., 0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARGARET</b>			b. (Middle) <b>O'BRIEN,</b>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>May 7, 1950.</b>
5. SEX <b>Female/</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married /</b>		8. DATE OF BIRTH <b>Don't Know - <del>abt</del> - 70</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Ireland 4</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>Barnellous Carmody</b>			13b. MOTHER'S MAIDEN NAME <b>Ann Walsh</b>		14. NAME OF HUSBAND OR WIFE <b>Daniel O'Brien</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Daniel O'Brien 5932 Ferris Ave.,</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolus</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>General carcinomatosis</b>		<b>6 mo</b>	
				DUE TO (c) <b>Carcinoma right heart</b>		<b>2 yrs +</b>	
		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <b>4/13/49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Adenocarcinoma heart with pleural metastases</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE OR 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>1/10X</b>			
22. I hereby certify that I attended the deceased from <b>April 7, 1949</b> , to <b>May 7, 1950</b> , that I last saw the deceased alive on <b>May 7, 1950</b> , and that death occurred at <b>10.27 P.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Robert H. Kead MD</b>				23b. ADDRESS <b>1117 N Grand</b>		23c. DATE SIGNED <b>May 8/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 10, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem.,</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 8 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Fasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. W. Clark, 1125 Hodiamont Ave.,</b>			

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

Dr. Emmet Kahn,  
1117 No. Grand Blvd.,  
JE. 7141.

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. Wm Binkley*  
.....  
Licensed Embalmer No. *3653*  
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.