

FILED OCT 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1009 File No. 35189  
Registrar's No. 8306

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1000

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berkeley	
c. LENGTH OF STAY (In this place) 1 mo.		4091	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of Poor		d. STREET ADDRESS (If rural, give location) 2nd & Garfield	

3. NAME OF DECEASED (Type or Print) a. (First) Margaret c. (Last) O'Brien		4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1950	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 4, 1872	9. AGE (In years less birthday) 78	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Hours 27
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Ireland	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Nicholas Byrne	13b. MOTHER'S MAIDEN NAME Mary Dowling	14. NAME OF HUSBAND OR WIFE John J. O'Brien
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Tucker, Berkeley, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUE TO (b) Chronic Myocarditis		5 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) None		???
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		None		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H2202
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22. I hereby certify that I attended the deceased from Sept 25, 1950, to Oct 1, 1950, that I last saw the deceased alive on Sept 29, 1950, and that death occurred at 8 A. M., from the causes and on the date stated above.

23a. SIGNATURE (In full or title) [Signature]	23b. ADDRESS 2435 N. Grand Blvd	23c. DATE SIGNED 10-2-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/4/50	24c. NAME OF CEMETERY OR CREMATORY St. Ferdinand Cemetery Florissant, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. OCT 2 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ferguson, Mo.
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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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Larry M. White*

Signed.....

Student Embalmer

Licensed Embalmer No. *2973*

P. O. Address *Herguson, 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.