

FILED DEC 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 42661

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10345

1. PLACE OF DEATH
a. COUNTY 0
b. CITY OR TOWN St. Louis
c. LENGTH OF STAY (in township) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY 2059
c. CITY OR TOWN St. Louis
d. STREET ADDRESS 5640 1/2 Maple Ave.

3. NAME OF DECEASED
a. (First) Robert b. (Middle) Jamison c. (Last) O'Brien

4. DATE OF DEATH (Month) (Day) (Year)
Dec 3, 1950

5. SEX Male
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower

8. DATE OF BIRTH July 17, 1922

9. AGE (In years last birthday) 78
if under 1 year: Months 7 Days 16
if under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Service, Cab Driver
10b. KIND OF BUSINESS OR INDUSTRY Transportation

11. BIRTH PLACE (State or foreign country) Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John H. O'Brien

13b. MOTHER'S MAIDEN NAME Caroline Frank

14. NAME OF HUSBAND OR WIFE Amelia O'Brien

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. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Lois H. Swann 5894 1/2 Wright

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of liver
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
about 6 mo

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 11:56 A

22. I hereby certify that I attended the deceased from Dec 26, 1950, to Dec 2, 1950, that I last saw the deceased alive on Dec 2, 1950, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Sam F. Dean (Degree or title) M.D.

23b. ADDRESS 3220 Washington St. St. Louis, Mo

23c. DATE SIGNED 12/4/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec 6, 1950

24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem

24d. LOCATION (City, town, or county) (State) St. Charles Co. Mo

DATE REC'D BY LOCAL REG. DEC 5 1950 REGISTRAR'S SIGNATURE J. B. Casater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bull-Campbell Mortuary 4245 Lindbergh St.

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Rex Campbell*

Licensed Embalmer No. *3881*

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.