

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14551
4149

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis				c. LENGTH OF STAY (in this place)				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Flower Retreat House				19. STREET ADDRESS 4245A Olive St				20. DATE OF DEATH MAY 1 1951			
3. NAME OF DECEASED (Type or Print)		a. (First) Elizabeth		b. (Middle)		c. (Last) O'Brien		4. DATE OF DEATH (Month) (Day) (Year) MAY 1 1951			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH abt		9. AGE (In years last birthday) if under 1 year: MONTHS if under 12 mos. DAYS if under 24 hrs. MIN.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No work		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME Andrew O'Brien			13b. MOTHER'S MAIDEN NAME Elizabeth Redmond			14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Rene Mudd						ADDRESS 7239 Elmoro	
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Cecum & metastasis to liver</u> 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			
19a. DATE OF OPERATION Apr 3-5		19b. MAJOR FINDINGS OF OPERATION Ca of Cecum & metastasis to liver						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153X							
22. I hereby certify that I attended the deceased from <u>May 17</u> , 19 <u>51</u> , to <u>May 1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Apr 28</u> , 19 <u>51</u> , and that death occurred at <u>12:01 AM</u> , from the causes and on the date stated above.											
23a. SIGNATURE Karl L Kessler				(Degree or title) M.D.		23b. ADDRESS 1139 Bellevue Ave		23c. DATE SIGNED May 1-51			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE MAY 1		24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county)		(State) Mo.			
DATE REC'D BY LOCAL REG. MAY 2 1951		REGISTRAR'S SIGNATURE J. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE Cullen Kelly						ADDRESS 4386 Lindell	

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

JUL 19 1951

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 James A. Lamer

Licensed Embalmer No. 4142

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.