

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

14555  
3724

State File No. ....

Registrar's No. ....

FILED APR 27 1951

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. ....		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____							
b. CITY OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		2069					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1361A Bayard Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>1361a Bayard Ave.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>			b. (Middle) _____			c. (Last) <u>O'Brien</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 19, 1951.</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 15, 1882</u>		9. AGE (in years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	IF UNDER 1 HR. Hours _____	IF UNDER 15 MIN. 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>Ireland</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Edmond Barron</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Morrissey</u>			14. NAME OF HUSBAND OR WIFE <u>Daniel O'Brien</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME ADDRESS: <u>Mrs. Nellie Buckley 5379 Cotephill Ir</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Adult's coronary artery disease</u> <u>Failure of pulmonary edema</u> <u>Left ventricular hypertrophy</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH _____	
II. OTHER SIGNIFICANT CONDITIONS <u>Inuit, is; similar</u> Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____									
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>4342</u>							
22. I hereby certify that I attended the deceased from <u>4/18</u> , 19 <u>51</u> to <u>4-19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/18</u> , 19 <u>51</u> and that death occurred at <u>8.15 P.</u> from the causes and on the date stated above.											
23a. SIGNATURE <u>LOUIS ROSELLI</u>				23b. ADDRESS <u>4901 Cass Man</u>				23c. DATE SIGNED <u>4/20/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-23-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>		(State) _____			
DATE REC'D BY LOCAL REG. <u>APR 20 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Swenter</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>			ADDRESS <u>3840 Lindell St</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....  
Student Embalmer

Signed Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.