S. No. 300
10.48

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28592

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7638

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): De Paul Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2069
d. STREET ADDRESS (If rural, give location): 4945 Maffitt Pl 0

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle):
c. (Last): O'Rourke

4. DATE OF DEATH (Month) 8 (Day) 26 (Year) 51

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Nov 22-1874
9. AGE (In years last birthday): 76 — 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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Ireland 4
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Amdrew Donohue
13b. MOTHER'S MAIDEN NAME: Catherine Donohue
14. NAME OF HUSBAND OR WIFE: Patrich O'Rourke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME 4945 **ADDRESS**: Patrick O'Rourke Maffitt Ave

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Art. sclerosis.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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? 332X

22. *I hereby certify that I attended the deceased from* May 1, 1951, *to* Aug 26, 1951, *that I last saw the deceased alive on* Aug 26, 1951, *and that death occurred at* 7.30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. B. Gavan M.D.
23b. ADDRESS: 539 N. Grand St. Louis Mo.
23c. DATE SIGNED: 8/27/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 11
24b. DATE: 8-29-51
24c. NAME OF CEMETERY OR CREMATORY: Calvary
24d. LOCATION (City, town, or county): St. Louis (State): Mo

DATE FILED BY LOCAL REG.: AUG 28 1951
REGISTRAR'S SIGNATURE: J. Earl Smith W.S.G.
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Sullivans Fun. Dir 2849 N. Euclid

(Licensed Embalmer's Statement on Reverse Side)

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.....
Student Embalmer

Signed Gustav Diterle

Licensed Embalmer No. 4329

P. O. Address.....

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.