

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44210

State File No. 11665
Registrar's No.

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FILED FEB 8 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place) <i>0</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Normandy 4171</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Johns Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>7341 Burwood Dr.</i>			
3. NAME OF DECEASED a. (First) <i>James</i> b. (Middle) <i>F.</i> c. (Last) <i>O'Beirne</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>12-29-57</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 29-1882</i>	9. AGE (In years last birthday) <i>69</i>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Monarch Metal Co.</i>	11. BIRTHPLACE (State or foreign country) <i>Ireland 4</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>James O'Beirne</i>		13b. MOTHER'S MAIDEN NAME <i>Bridget</i>		14. NAME OF HUSBAND OR WIFE <i>Amelia O'Beirne</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <i>492-16-7717</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Amelia O'Beirne 7341 Burwood</i>		
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) <i>Crown Thrombosis, acute</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Arteriosclerotic heart disease</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>H2O</i>		
22. I hereby certify that I attended the deceased from <i>Dec 19</i> , 1957, to <i>Dec 30</i> , 1957, that I last saw the deceased alive on <i>Dec 29</i> , 1957, and that death occurred at <i>12:20 A.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Wm. J. O'Connell</i> (Degree or title)		23b. ADDRESS <i>634 N. Grand</i>		23c. DATE SIGNED <i>12/30/57</i>	
24a. BURIAL, CREMATION REMOVAL (Specify)	24b. DATE <i>Jan 2-1958</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>		
DATE REC'D BY LOCAL REG. <i>DEC 31 1957</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Chas. F. Stuart & Sons 1225 Union</i>	

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.

Student Embalmer No.

Signed _____

Clement McNeary

Signed.....
Student Embalmer

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.