

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14623  
State File No. 3248

FILED APR 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>6986-mardel st</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>10 years</b>		d. STREET ADDRESS (If rural, give location) <b>6986 Mardel 3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6986 Mardel</b>			

3. NAME OF DECEASED (Type or Print) <b>JOHN JOSEPH O'BRIEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 6 1952</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Dec 22 1891</b>		9. AGE (In years last birthday) <b>60</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocery</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>DANIEL O'BRIEN</b>		13b. MOTHER'S MAIDEN NAME <b>Amisic Callahan</b>		14. NAME OF HUSBAND OR WIFE <b>maude m. O'Brien</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>499-014262</b>		17. INFORMANT'S SIGNATURE OR NAME <b>maude m. O'Brien 6986</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic bronchial asthma 10 yrs</b>		
	DUE TO (c) <b>Chronic Arthritis</b>		
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 <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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>490X</b>	

22. I hereby certify that I attended the deceased from **April 5<sup>th</sup> 1952** to **April 6<sup>th</sup> 1952**, that I last saw the deceased alive on **April 5<sup>th</sup> 1952** and that death occurred at **5:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. Brossard</b> (Degree or title)		23b. ADDRESS <b>3300 Cambridge St. St. Louis 17 Mo.</b>		23c. DATE SIGNED <b>4/7/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 9</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Park</b>	
		24d. LOCATION (City, town, or county) <b>St. Louis County Mo.</b>		24e. (State)	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 7 1952</b> <b>Cash Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>M. J. Program</b>		ADDRESS <b>714 1/2 Mardel</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Francis Williamson

Licensed Embalmer No. 3565

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.