

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22451

State File No.

6237

FILED JUL 15 1952

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 1-hour	
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 4339 Olive Street	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Lucile	b. (Middle) Belle	c. (Last) O'Brien	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 2	8. DATE OF BIRTH Mar. 16, 1900
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months 3	IF UNDER 1 MIN. Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) W. Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unk. Conway		13b. MOTHER'S MAIDEN NAME Unknown Unknown	
14. NAME OF HUSBAND OR WIFE James O'Brien			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Mr. Charles O'Brien, 5023 Washington Blvd.		ADDRESS	
MEDICAL CERTIFICATION			
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) Internal hemorrhage followed by gunshot wound of abdomen about 9:30 am DUE TO fall from a window in her apartment at 4341 1/2 Olive St Apt # 121, at the hands of party or parties unknown 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 Homicide	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.			
21d. TIME OF INJURY June 30 52 9:30 am		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E981X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1142 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Carl E. Taylor, Colonel		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 7.1.52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE July 2, 1952	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 1 1952		FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	
ADDRESS 3840 Lindell Blvd.			

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 _____

William Matre

Licensed Embalmer No. 2825

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.