FILED JAN 28 1953

No. 206
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3564

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0277

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) 516 Koeln

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 2019
d. STREET ADDRESS (If rural, give location) 7500 Vermont

3. NAME OF DECEASED (Type or Print)
a. (First) Jennie
b. (Middle) Adrianna
c. (Last) O'Brien

4. DATE OF DEATH (Month) (Day) (Year) Jan. 9 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 17 1891
9. AGE (In years last birthday) 61 — 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 (City and State or Foreign Country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Gregory Strobans.
13b. MOTHER'S MAIDEN NAME UnKnown
14. NAME OF HUSBAND OR WIFE John T.

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 John T. O'Brien **ADDRESS** 7500 Vermont

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) Carcinoma Uterus — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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? 174X

22. *I hereby certify that I attended the deceased from* 3-16-49, *to* 1-9-53, 19____, *that I last saw the deceased alive on* 1-7, 1953, *and that death occurred at* 10:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE L. Hayden M.D. (Degree or title)
23b. ADDRESS 730 Hodiamont
23c. DATE SIGNED 1-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1-12-1953
24c. NAME OF CEMETERY OR CREMATORY Mt. Olive
24d. LOCATION (City, town, or county) Lemay (State) Mo.

DATE REC'D BY LOCAL REG. JAN 12 1953
REGISTRAR'S SIGNATURE Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Jos. P. Fendler Jr. **ADDRESS** 7128 Michigan

(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 Clarence Kochon

Licensed Embalmer No. 3093

P. O. Address 7178 Michig

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.