

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10013  
2623

State File No. ....

Registrar's No. ....

FILED MAR 31 1955

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 Missouri		b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporating town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital		e. STREET ADDRESS (If rural, give location) 15 4327 Neosho Ave.		215/0	
3. NAME OF DECEASED (Type or Print) a. (First) Michael		b. (Middle) J.		c. (Last) O'Brien	
4. DATE OF DEATH March 21, 1955		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 29, 1875		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Policeman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ireland	
13a. FATHER'S NAME John O'Brien		13b. MOTHER'S MAIDEN NAME Agnes Motherway		14. NAME OF HUSBAND OR WIFE Catherine	
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. None		17. INFORMANT'S SIGNATURE OR NAME Walter O'Brien	
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>Cerebral Hemorrhage</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral arteriosclerosis</i>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Pneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 mo.</i> <i>undeter.</i>  <i>1 1/2 mo</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>331X</i>	
22. I hereby certify that I attended the deceased from <i>2/8</i> , 19 <i>55</i> to <i>3/21</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>3/21</i> , 19 <i>55</i> , and that death occurred at <i>11:00 P.</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Thomas W. Pughen M.D.</i>		23b. ADDRESS <i>4600 Mainland</i>		23c. DATE SIGNED <i>3/22/55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>3-24-55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Blair F. Stewart</i>		25. ADDRESS <i>1225 Union</i>	
DATE REC'D BY LOCAL REG. MAR 23 1955		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>		3. P. (Licensed Embalmer's Statement on Reverse Side)	

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.....  
Signature of Student Embalmer

Signed *Melvin L Kemp*.....

Licensed Embalmer No. *405*.....

P. O. Address *3505 Oak*.....

*St. Louis 20, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.