

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **2914**  
Registrar's No. **454**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>NORMANDYS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CHRISTIAN HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>6919 HUNTER</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>		b. (Middle) <b>H.</b>		c. (Last) <b>O'BRIEN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 12, 1956</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>OCT. 8, 1883</b>	
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TAX AGENT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>STATE GOVERNMENT</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>MICHAEL O'BRIEN</b>			13b. MOTHER'S MAIDEN NAME <b>MARY AGNES LYNCH</b>			14. NAME OF HUSBAND OR WIFE <b>MAE A. O'BRIEN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>487-40-4797</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MAE A. O'BRIEN</b> ADDRESS <b>6919 HUNTER NORMANDY MO.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b> <b>Coronary artery heart disease</b> ANTECEDENT CAUSES _____ DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>420.1</b>				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>4/9</b> , 19 <b>54</b> , to <b>1/12</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>1/12</b> , 19 <b>56</b> , and that death occurred at <b>6:25</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Julius Elan, M.D.</b> (Degree or title)		23b. ADDRESS <b>St. Louis Club Bldg.</b>				23c. DATE SIGNED <b>1/13/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN. 16, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>JAN 14 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STROTT CARROLL</b> ADDRESS <b>4600 NATURAL BRIDGE</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

PC  
113663  
Fulmer & Co  
2200 1/2  
Tull 5

**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 M. W. Rueter

Licensed Embalmer No. 486  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. .  
If this body is not embalmed, fact should be so stated above.