

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18405

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5020**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		d. STREET ADDRESS (If rural, give location) <b>2239 23 1916 Nebraska</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge</b>				d. STREET ADDRESS (If rural, give location) <b>2239 23 1916 Nebraska</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frances</b> b. (Middle) <b>L</b> c. (Last) <b>O'Brien</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 23 1956</b>						
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 7 1892</b>		9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>E. Helena Montana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>John Novak</b>			13b. MOTHER'S MAIDEN NAME <b>Veronica Dreas</b>		14. NAME OF HUSBAND OR WIFE <b>Thomas 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>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Thomas O'Brien</b> ADDRESS <b>1916 Nebraska</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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Measles</b>				DUPLICATE 2					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>Hypertensive cardiovascular renal disease</b>				Indefinite	
DUE TO (c)				DUE TO (c) <b>Recurrent small cerebral thromboses</b>				abt 2 yrs	
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 <b>442x</b>				20. AUTOPSY ( ) YES <input checked="" 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) (m.)		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>5 9 19 56</b> to <b>5-23</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>5-23</b> , 19 <b>56</b> , and that death occurred at <b>8 P</b> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>A. K. Trischel MD</b>				23b. ADDRESS <b>1850. Knappville</b>			23c. DATE SIGNED <b>5-24-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 26 56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>				
DATE REC'D BY LOCAL REG. <b>MAY 25 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. J. Schnur 3125 Lafayette</b>				

(Licensed Embalmer's Statement on Reverse Side)

**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

*Thomas R. Renwick*<sup>4</sup>

Licensed Embalmer No.

3793

P. O. Address

3125 Lafayette

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

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