

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18406

State File No. 4438

1003

Registrar's No. 4438

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| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | State File No. 18406 | | Registrar's No. 4438 | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo. | | c. LENGTH OF STAY (in this place) 23 hrs. 47 min. | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital | | | | e. STREET ADDRESS (If rural, give location) Fairgrounds Hotel 3644 Natural | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Martin J. O'Brien b. (Middle) c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) May 5, 1956 | | | 5. SEX male <input checked="" type="checkbox"/> | | | 6. COLOR OR RACE white | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | | 8. DATE OF BIRTH Nov. 16, 1879 | | | 9. AGE (in years last birthday) 76 | | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME Martin O'Brien | | | 13b. MOTHER'S MAIDEN NAME Bridget Hamlin | | | 14. NAME OF HUSBAND OR WIFE Teresa O'Brien | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | | 16. SOCIAL SECURITY NO. unk. | | | 17. INFORMANT'S SIGNATURE OR NAME - ADDRESS Francis M. O'Brien 4085 Alma, S. Louis | | | | | |
| 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) <u>Cardiac Insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>Arterio Sclerosis Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH 4-5-56 4-9-56 | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 420.0 | | | | | | 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) (Min.) | | 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 <u>5-4</u> , 1956, to <u>5-5</u> , 1956, that I last saw the deceased alive on <u>5-10</u> , 1956, and that death occurred at <u>2:01</u> a.m., from the cause and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE <u>John B. Meyers</u> | | | | 23b. ADDRESS <u>3903 Olive St.</u> | | | | 23c. DATE SIGNED <u>5-7-56</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 5-8-56 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | | | | |
| DATE REC'D BY LOCAL REG. MAY 7 1956 | | REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Southern Funeral Home</u> <u>6322 S. Grand, St. Louis, Mo.</u> | | | | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

MS
AUG 26 1959

Dr. J. B. Meyers
Wall Building
room 612

1 to 4

1959 AUG 26 11:45 AM

C. B. G.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *David Van Fossan*

Licensed Embalmer No. *421*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.