

FILED JUN 14 1957

BIRTH NO. 32391-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u> c. LENGTH OF STAY (In this place) <u>12 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u> c. CITY OR TOWN <u>De Soto</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>Route # 3</u> 8 500			
3. NAME OF DECEASED (Type or Print) <u>Deborah Kay O'Rourke</u> a. (First) <u>Deborah</u> b. (Middle) <u>Kay</u> c. (Last) <u>O'Rourke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 27 57</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> NEVER MARRIED			
8. DATE OF BIRTH <u>5-13-57</u>		9. AGE (In years last birthday) <u>14</u> IF UNDER 1 YEAR Months _____ IF UNDER 24 HOURS Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			
10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bonne Terre, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.-A.</u>			
13a. FATHER'S NAME <u>John William O'Rourke</u>		13b. MOTHER'S MAIDEN NAME <u>Stirley Salmon</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alice Trumbidge 500 S. Kingshighway</u>			
MEDICAL CERTIFICATION							
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>renal atresia with obstruction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <u>756-2</u>					
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)		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>5-16</u>, 19<u>57</u>, to <u>5-27</u>, 19<u>57</u>, that I last saw the deceased alive on <u>5-27</u>, 19<u>57</u>, and that death occurred at <u>9:30 p.m.</u>, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Barbara Jones, M.D. Childrens Hospital</u>				23b. ADDRESS <u>De Soto, Missouri</u>			
23c. DATE SIGNED <u>MAY 28 57</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-29-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>De Soto, Missouri</u>		DATE REC'D BY LOCAL REG. <u>MAY 28 57</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>McMahn Funeral Home</u>		ADDRESS <u>De Soto, Missouri</u>					

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 *Daniel J. Maher*.....

Licensed Embalmer No. *432*.....

P. O. Address *1125 St. M.*.....

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.