pt. Health,
., & Welfare
S. Public
lth Service

V. S. 300
ev. 1-57

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 42417

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11069

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN ~~St. Louis~~ 4020c — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 09 De Paul — Length of stay in lb life	d. STREET ADDRESS (If outside, give location) 27 9340 Bellfontaine — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First Frank	Middle	Last O'Brien	4. DATE OF DEATH Month 11 Day 15 Year 57
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 12/15/1898	9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggest	10b. KIND OF BUSINESS OR INDUSTRY self emp	11. BIRTHPLACE (City and state or country) St. Louis, Mo	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John O'Brien	13b. MOTHER'S MAIDEN NAME Ida Kelly	14. NAME OF HUSBAND OR WIFE single		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT Matt O'Brien	Address 9240 Bellfountaine	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH 1 yr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) General arterio sclerosis — 3 yr +

DUE TO (c) 581.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardio vascular renal disease

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug. 1-57, to Nov. 15/57 and last saw her/him alive on Nov. 14-57

Death occurred at 11:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Rimmer Kane MD	22b. ADDRESS 1117 N Grand	22c. DATE SIGNED 11/18/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/18/57	23c. NAME OF CEMETERY OR CREMATORY Calvary	23d. LOCATION (City, town, or county) (State) St. Louis, Mo
24. FUNERAL DIRECTOR Sullivan	ADDRESS 1150 N. Kingshiway	25. DATE RECD. BY LOCAL REG. NOV 19 57	26. REGISTRAR'S SIGNATURE J Carl Smith MD MSB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Anthony J. Mucci

Licensed Embalmer No. 4277

P. O. Address St. James

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.