

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004957

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 293

AMENDED

FILED JAN 29 1962

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution--Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jennings</u>  |   | c. CITY OR TOWN <u>Jennings</u>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3027 Glade Ave.</u>   |   | d. STREET ADDRESS (If outside, give location) <u>3027 Glade Ave.</u>   |  |
| 3. NAME OF DECEASED (Type or print) First <u>Margaret</u> Middle Last <u>O'Brien</u>   |   | 4. DATE OF DEATH Month <u>January</u> Day <u>22nd</u> Year <u>1962</u>   |  |
| 5. SEX <u>F.</u>   | 6. COLOR OR RACE <u>W.</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10/17/1873</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (last birthday) <u>88</u>   |
| 11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>  |   | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>  |  |
| 13a. FATHER'S NAME <u>Unk. Mulligan</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>Unk. Sheehan</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>  |   | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT Address <u>Miss Agnes Newport, 3027 Glade Ave.</u>   |   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Embolus</u>   |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)  |   |  |  |
| DUE TO (c)   |   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |
| 20c. TIME OF INJURY Hour <u>1:00 p.m.</u> Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |  |
| 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 <u>12-15-61</u> to <u>1-22-62</u> and last saw her/him alive on <u>1-22-62</u> . Death occurred at <u>1:00 pm.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE <u>S. H. Bowden</u> (Degree or title)   |   | 22b. ADDRESS <u>634 N. Grand</u>   |  |
| 22c. DATE SIGNED <u>1-23-62</u>  |   |  |  |
| 23a. BURIAL, CREMATION, or other disposal of body <u>REMOVED</u>   | 23b. DATE <u>1/25/1962</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>   | 23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>   |
| 24. FUNERAL DIRECTOR ADDRESS <u>Richard J. Donnelly 3840 Lindell Blvd.</u>   |   | 25. DATE RECD. BY LOCAL REG. <u>1-23-62</u>  |  |
|  |   | 26. REGISTRAR'S SIGNATURE <u>J. C. Murphy M.D.</u>   |  |

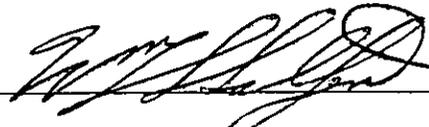
DATE AMENDED  
INSTEAD OF  
SHOULD READ  
ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
AFFIDAVIT OF

**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  \_\_\_\_\_

Licensed Embalmer No. 4699

P. O. Address 3840 Longwell

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.