

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009340

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 613

FILED MAR 2 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14024
4024

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DATE AMENDED
INSTEAD OF
SHOULD READ
BY AFFIDAVIT OF

DOCUMENT
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Glendale</u>		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Glendale</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>96 1/2 Glenmoor Lane</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>96 1/2 Glenmoor Lane</u>
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>A.</u> Last <u>-O'Brien</u>		4. DATE OF DEATH Month <u>February</u> Day <u>20</u> Year <u>1962</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/26/1883</u>
9. AGE (last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired, Hotel Prop.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) <u>Brighton, Mass</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13. NAME OF HUSBAND OR WIFE <u>Mrs. Mae B. O'Brien</u>	
13a. FATHER'S NAME <u>John O'Brien</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine McDonald</u>	
14. NAME OF DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		15. SOCIAL SECURITY NO. _____	
16. INFORMANT <u>Mrs. Mae B. O'Brien, 96 1/2 Glenmoor Lane,</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u>
DUE TO (b) <u>Arteriosclerotic CVS disease</u>			<u>15 yrs</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. 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>1946</u> to <u>2/20/62</u> and last saw ^{her} him alive on <u>2/19/62</u> Death occurred at <u>2:35 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Paul O'Beaud MD</u>		22b. ADDRESS <u>Webster Groves Mo</u>	22c. DATE SIGNED <u>2/20/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/22/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
24. FUNERAL DIRECTOR <u>Arthur J. Donnelly, 3840 Louisa</u>		25. DATE RECD. BY LOCAL REG. <u>2-20-62</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy MD</u>

USE BLACK INK OR TYPEWRITER RIBBON

*W. Grand
120 E. Superior
until 10 am*

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 *Francois Williamson*

Licensed Embalmer No. *3565*
P. O. Address *3840 Lindell*

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.