

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009342
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 638

FILED MAR 2 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY ST. LOUIS	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS	a. STATE MO	b. COUNTY St. Louis
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		Length of stay in 1b 260 DAYS	c. CITY OR TOWN ST LOUIS,
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 7023 THOLOZAN	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First MATHEW	Middle PATRICK	Last O'BRIEN	Month FEBRUARY	Day 21,	
		Year 1962			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-22-89	9. AGE (last birthday) 72 YEARS	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TWIST MAKER		10b. KIND OF BUSINESS OR INDUSTRY TOBACCO	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME DANIEL O'BRIEN		13b. MOTHER'S MAIDEN NAME ANNIE CALAHAN		14. NAME OF HUSBAND OR WIFE ELIZABETH O'BRIEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I			17. INFORMANT ELIZABETH O'BRIEN 7023 THOLOZAN AVE.		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CARDIAC DECOMPENSATION		3 WEEKS
DUE TO (b) SECONDARY ANEMIA		2 MONTHS
DUE TO (c) OESOPHAGEAL HEMORRHAGE		2 MONTHS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROTIC HEART DISEASE WITH CHRONIC BRAIN DAMAGE.		
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.	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. Amended the deceased from **6-6-1961** to **2-21-1962**
Death occurred at **10:15 A.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Sam Nichols</i>	22b. ADDRESS VAH JEFFERSON BARRACKS, MO.	22c. DATE SIGNED 2-21-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB. 26, 1962	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.
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24. FUNERAL DIRECTOR KRIEGSHAUSER 4228 S. KINGS HIGHWAY BLVD.	25. DATE RECD. BY LOCAL REG. 2-22-62	26. REGISTRAR'S SIGNATURE <i>John B. Murphy</i>
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DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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24000

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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

Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address _____

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.