

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-029015**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7587**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 13 1962

<b>1. PLACE OF DEATH</b> a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> c. CITY OR TOWN <b>Brentwood</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>2006 Urban Drive</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <b>OLIVER</b> Middle <b>MICHAEL</b> Last <b>O'BRIEN</b>		<b>4. DATE OF DEATH</b> Month <b>JULY</b> Day <b>30</b> Year <b>1962</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>1/23/09</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Traffic Mgr.</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Southern Equip. Co.</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>St. Louis, Mo.</b>
<b>13a. FATHER'S NAME</b> <b>Patrick O'Brien</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Elizabeth Bietsch</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Ruth O'Brien</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT</b> <b>Mrs. Ruth O'Brien, 2006 Urban, Brentwood Mo</b>

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MASSIVE HEMORRHAGE</b> DUE TO (b) <b>CARCINOMA OF RIGHT TONSIL</b> DUE TO (c) <b>145.0</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>FEW MONTHS</b>
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

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE

**21. I attended the deceased from** **MAY 2, 1962** to **JULY 30, 1962** and last saw her/him alive on **JULY 30, 1962**  
 Death occurred at **10:15 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> <i>F.R. Bradley, M.D.</i>	(Degree or title) <b>F. R. BRADLEY, M. D.</b>	<b>22b. ADDRESS</b> <b>BARNES HOSPITAL</b>	<b>22c. DATE SIGNED</b> <b>7/31/62</b>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>23b. DATE</b> <b>8/3/62</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Resurrection Cemetery</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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<b>24. FUNERAL DIRECTOR</b> <b>Louis H. Bopp, Inc., Kirkwood, Mo.</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>AUG 2 1962</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Moan Smith, M.D.</i>
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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**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 Francis J. Wylond Jr  
Licensed Embalmer No. 4512

P. O. Address Richmond, Mo.

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.