

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

21687

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. **6587**
 City St. Louis (No. Mo Baptist Sanitarium) St. Ward

2. FULL NAME

Joseph R O'Neill
 (a) Residence No. 1704 Belle Glade St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Amelia O'Neill

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept 7th 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

41 10 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teamster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Celins Ice Co

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) St Louis

10. NAME OF FATHER

James O'Neill

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER

Elizabeth Beeke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) St Louis

14.

INFORMANT Mrs Amelia O'Neill

(Address) 1704 Belle Glade

15.

FILED 19 22 May Starkloff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1927

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., (that I last saw him alive on 19....., and that death occurred, on the date stated above, at 3:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fractured Pelvis due to fall from Ice Wagon
while accident
2/10/27 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edward Roditer Coroner, M. D.

July 9, 1927 (Address) Municipal Court Bldg

*State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Clayton M -

DATE OF BURIAL

7-11-1927

20. UNDERTAKER

Arthur J. Donnelly 2039 Grand St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

