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.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14964

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3875

Township ..... Primary Registration District No. 1003 Registered No. 3875

City St Louis (No. 5740 Bartmer St. ..... Ward)

2. FULL NAME Mary Ursula O'Niel

(a) Residence, No. 5740 Bartmer St., 5 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robt A O'Niel

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 11-29-1858

7. AGE: Years 69 | Months 4 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penna

PARENTS

10. NAME OF FATHER: unknown Hawk

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

12. MAIDEN NAME OF MOTHER: Rebecca Langenschleiter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

14. INFORMANT: Donald E C O'Niel
(Address) 5873 Etzel

15. FILED APR -9 1928 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 6 1928

17. I HEREBY CERTIFY, That I attended deceased from 1925 ....., 19..., to April 4 1928 that I last saw her alive on April 4th, 1928, and that death occurred, on the date stated above, at April 6th - 16:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
Apoplexy
82A
11B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): La Grippe
(duration) ..... yrs. 2 weeks

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Kate C Spain, M. D
, 19 (Address) 5116 Page

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla
DATE OF BURIAL: 4/9 1928

20. UNDERTAKER: A Ellis 5740 Delmar
ADDRESS