

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

Do not use this space.

26402

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 City St. Louis, Mo. (No. Missouri Pacific Hospital) St. .... Ward .....

File No. ....  
 Registered No. 7636  
 St. .... Ward .....

**2. FULL NAME**

Anna Ernest O'Neil

(a) Residence No. 4976 Reber place St. mo. 13 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 3, 1910 -

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
19 - 5 18

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work clerk -  
 (b) General nature of industry, business, or establishment in which employed (or employer) Mo Pacific RR  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) City, St. Louis, Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER Mr. W. O'Neil

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

12. MAIDEN NAME OF MOTHER Mrs. Schuetz

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

14. INFORMANT Dr. J. C. Starker  
 (Address) 4976 Reber Pl. Ar.

15. FILED 23 1929 W. C. Starker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1929

17. I HEREBY CERTIFY, That I attended deceased from 7-21-29 to 7-21-29 that I last saw h. l. m. alive on 7-21-29, and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
69A Acute Otitis Media (left)  
67B Acute Mastoiditis (left)  
35 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Septicemia - Pyemia  
 (duration) yrs. mos. ds. About 16

18. WHERE WAS DISEASE CONTRACTED St. Louis  
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. B. Harrison, M. D.  
7-21, 1929 (Address) Mo. Pac. Hospital

\*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 Calvary Cemetery DATE OF BURIAL 7-25-29

20. UNDERTAKER W. C. Starker ADDRESS 4976 Reber Pl. Ar.

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.

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