

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

Do not use this space.

29706

1. PLACE OF DEATH
 County St. Louis Registration District No. 134
 Township _____ Primary Registration District No. 1308
 City St. Louis Mo (No. Truesdell St. 4966) (Block 400) (Ward _____) (St. _____) (Ward _____)

2. FULL NAME John E. O'Neill (Julian E. O'Neill)
 (a) Residence No. _____ St. 12 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? 11 yrs. mos. ds.

File No. _____
 Registered No. 8739

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>55</u>				

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Engineer, locomotive
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer Truesdell P.D.

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-14-1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to _____, 1931, that I last saw him alive on 8:00 am - 8-14-1931, and that death occurred, on the date stated above, at 7:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malignant Hypertension, Cerebral Hemorrhage
824
102 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) J. J. O'Neill (duration) _____ yrs. _____ mos. _____ ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Thyroid finding
 (Signed) C. Haynes, M. D.
 _____, 19 (Address) 4966 Truesdell St. St. Louis Mo.

*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.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Georgia

10. NAME OF FATHER J. B. O'Neill

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

12. MAIDEN NAME OF MOTHER Mary Cook

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

14. INFORMANT C. Haynes M.D.
 (Address) 4966 Truesdell St. St. Louis Mo.

15. FILED AUG 14 1931
W. C. Farrell REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hugo O'Kea DATE OF BURIAL Aug 17, 1931

20. UNDERTAKER Sanner Funeral Home ADDRESS 1440 E. 12th 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.

