

SEP 16 1935

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

Do not use this space.

27731

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St Louis (No. City Hospital) St. Ward

File No.
Registered No. **6780**
St. Ward

2. FULL NAME

David W O'Neill
(a) Residence, No. 3918 Junata St. 16 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 22 1887</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>0</u>
	DAY <u>16</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>Jeremiah O'Neill</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Johanna M. McNeary</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT (ADDRESS) <u>Bracey M. O'Neill</u> <u>3918 Junata St</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Cemetery</u>	DATE <u>Aug 10 1935</u>
19. UNDERTAKER (ADDRESS) <u>Arthur J. Donnelly, 21.6</u> <u>3540 Colquhoun Bldg</u>		
20. FILED	<u>Aug 8 1935</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1935

22. I HEREBY CERTIFY, That, I attended deceased from, 19, to, 19

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:
Fract. Ribs, Haem. of chest and lacerated lungs, death when hit by auto.
(deceased a pedestrian)

Date of onset July 27 1935

Other contributory causes of importance: None

Name of operation, Date of

What test confirmed diagnosis?, Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/27 1935
Where did injury occur? St. Louis Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Hit by auto

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John J. Sweeney, M.D.
(Address) Deputy Physician
Aug 8 1935

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.

