

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH

26 County St. Louis Registration District No. 333
3 Township St. Louis County Primary Registration District No. 4468
4 City Mo. (No. 25 Wesley Ave Ferguson Mo. St. _____ Ward _____)

File No. 17495
Registered No. 68

2. FULL NAME

Lawrence J O'Neill
(a) Residence, No. 25 Wesley Ave Ferguson 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Rahn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-7-1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8 1

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. LANDSCAPER
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) St Louis Mo

FATHER
13. NAME Lawrence O'Neill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME MARY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) MARY MYERS
135 Wesley Ferguson

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE 4-12-37

19. UNDERTAKER (ADDRESS) Sullivan Undertakers
2849 Mo Euclid Ave

20. FILED 4/12 1937 Wa. Zeidler Registrar.
Per G. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1937

I HEREBY CERTIFY, That I attended deceased from June 1936 to April 8 1937
I last saw him alive on April 7 1937 Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

Date of onset
John Myocarditis 1935
Arteriosclerosis 1930
Other contributory causes of importance:
93c

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Character of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NA
If so, specify WPA member
(Signed) _____, M. D.
(Address) 4500 Alford St.

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.

LIN VIS. 1000

Lister Bldg
Taylor & Olive St.

12³⁰ to 3⁰⁰ PM