

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **City Hospital**) St. _____ Ward _____
Registered No. **18468**
File No. _____

2. FULL NAME **Frank O'Neill**

(a) Residence, No. **3601a rage Blvd.** St. **11** 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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mamie O'Neill**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 1, 1880**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
69 **57** **2** **17**

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. **Painter**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **outside**

10. Date deceased last worked at this occupation (month and year) **May 1937** 11. Total time (years) spent in this occupation **30**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

13. NAME **Richard O'Neill**

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

15. MAIDEN NAME **Mary Meran**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT **Malcon O'Neill**
(ADDRESS) **5442 Robin**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **5/20/37** 19.

19. UNDERTAKER **Hullett & Hallett**
(ADDRESS) **1416 N. Taylor Ave.**

20. FILE **MAY 19 1937** **J. P. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/17/37** 19 **37**

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 **10:25 P.M.**

The principal cause of death and related causes of importance were as follows:
Date of onset

Apoplexy, Broncho Pneumonia, Rheumatic Myocarditis, Chronic Interstitial Nephritis

Other contributory causes of importance:

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?..... 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.

Manner of injury.....
Nature of injury **H**

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

(Signed) **Joseph M. Jansen M.D.**
(Address) **Regent's Corner**

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.

219

MOTHER FATHER

OCCUPATION

