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.

JUL 8 - 1937

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

Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital
County JUL 8 - 1937 Registration District No. 791 File No. 22121
Township Primary Registration District No. 1003 Registered No. 5873
City St. Louis, Mo. (No. , St. Ward)

2. FULL NAME Mertel O'Neal
(a) Residence, No. 1437½ R Biddle St., 25 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward O'Neal
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 29, 1889
7. AGE: 35 — YEARS: 48 — MONTHS: 3 — DAYS: 21 — If LESS than 1 day, ...hrs. or ....min.

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.: Housewife
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): Ill.

FATHER
13. NAME: Jim Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Unk.

MOTHER
15. MAIDEN NAME: Eliza ? "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? "

17. INFORMANT (ADDRESS): Evelyn Hilliard, 2601 N Whittier
18. BURIAL, CREMATION, OR REMOVAL PLACE: W A Shington Park DATE: June 16 1937
19. UNDERTAKER (ADDRESS): Atkins Bros Undert 7644 Finney ave
20. FILED: JUN 15 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-10-37, 19
22. I HEREBY CERTIFY, That I attended deceased from 6-2-37, 19, to 6-10-37, 19
I last saw her alive on 6-10-37, 19 Death is said to have occurred on the date stated above, at 11:15 m. P
The principal cause of death and related causes of importance were as follows:
Hypertensive Heart Disease — Date of onset 6-2-37

Other contributory causes of importance:

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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. L. Lewis, M. D.
(Address) 2601 N Whittier