DEC 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saint Louis — Registration District No. 1123 — File No. 42485

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 454

City Jefferson Barracks (No. , V. A. F. St. Ward)

2. FULL NAME Edward E. O'NEIL

(a) Residence, No. St., Ward. Des Arc, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Meda O'Neil

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 20, 1883

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 54 | 0 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bridge Builder

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) Saint Louis, Missouri.

FATHER

13. NAME Thomas O'Neil

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown New York State

MOTHER

15. MAIDEN NAME Mary J. Holt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Redding Pennsylvania

17. INFORMANT (ADDRESS) Clinical Clerk M. Schillig VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Des Arc. DATE Nov 14 1937

19. UNDERTAKER (ADDRESS) S.E.Bond, IrOnton, Mo

20. FILED Nov. 20, 1937 G Mowry Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 7, 1937, to November 11, 1937

I last saw him alive on November 11, 1937. Death is said to have occurred on the date stated above, at 9:36P.m.

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

| | Date of onset |
|---|---|
| Myocardial disease (chronic myocarditis) with coronary sclerosis and probable myocardial infarction. | Unkn. |
| Other contributory causes of importance: Chronic Valvular Heart Disease, mitral insufficiency and stenosis. | Unkn. |

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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?

If so, specify

(Signed) C. W. HUGHES, Chief Med. Off., M. D.

(Address) VAF Jefferson Barracks, Mo.

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.

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