

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

8138
 Do not use this space.

REC'D MAR 24 1938

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 96
 (b) Township _____ Primary Registration District No. _____ Registered No. 317
 (c) City Richmond Heights, Mo (d) Street No. St. Marys Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Moore O'Neil 540
 (a) Residence, No. 4628 Pershing Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1885.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	52	8	25	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
 9. Industry or business in which work was done, as 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) St. Louis, Mo.

FATHER 13. NAME Thomas Moore. 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mary Murphy. 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT F. Edward O'Neil. (ADDRESS) 4628 Pershing Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb. 19, 1938.

19. FUNERAL DIRECTOR Arthur J. Donnelly. (ADDRESS) 3840 Lindell Blvd

20. FILED 277 1938 J. H. May Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1938 to Feb 17, 1938
 I last saw her alive on Feb 16, 1938 Death is said to have occurred on the date stated above, at 12:35 A.M.
 The principal cause of death and related causes of importance were as follows:
Granulocytopenia Date of onset 2/5/38
1156-
 Other contributory causes of importance:
Changyngus - Hem. Strep.

Name of operation _____ Date of _____
 What test confirmed diagnosis? blood 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 _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) Calhousella M. D.
 (Address) 415 Beaumont Blvd

Exact statement of OCCUPATION is very important. Do not use this space.

230 (A)

STATEMENT BY LICENSED EMBALMER

I, Stanley Marchlewski, Licensed Embalmer No. 2868

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Stanley Marchlewski

Licensed Embalmer No. 2868

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)