

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.

RECEIVED MAY 10 1938

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

791
100312732
Do not use this space.

Registered No. 3336

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City Saint Louis, Missouri. (d) Street No. 3712 Illinois. Ave. 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

Daniel O'Neil. F. U. A.
(a) Residence, No. 3712 Illinois Ave. St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Minnie O'Neil.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 13th, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 3 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coffee Roster.
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) Illinois.

FATHER 13. NAME Thomas O'Neil.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri.

MOTHER 15. MAIDEN NAME Druesell Geiger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri.

17. INFORMANT Minnie O'Neil.
(ADDRESS) 3712 Illinois. Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jacob's, Ill. DATE April 9 - 1938

19. FUNERAL DIRECTOR Ziegenfuss Bros.
(ADDRESS) 2623 Cheorkee Street.

20. FILED APR 9 1938 Job Brudich
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6th, 1938.

22. I, HEREBY CERTIFY, That I attended deceased from April 4 1938, to April 6 1938.
First saw him alive on April 6 1938. Death is said to have occurred on the date stated above, at 10:15 P. M.

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

Myocardial degeneration 4-4-38
Hypertension 1937

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

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 no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Practical Nurse
(Signed) Practical Nurse, M. D.
(Address) 3803 S. Broadway

STATEMENT BY LICENSED EMBALMER

I, David M. Davis, Licensed Embalmer No. 3741

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

..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed *D. M. Davis*

Licensed Embalmer No. 3741.

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.)