

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

13063

Do not use this space.

1. PLACE OF DEATH

- (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **City Maps #1** 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.

Registered No. **3667**

2. PRINT FULL NAME

Robert O'Neil 540

- (a) Residence, No. **1111 N. 7th St.** St. **25** (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - - - -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **UNKNOWN**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
ABOUT 67

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Unemployed**
 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) **Ireland 5**

FATHER 13. NAME **UNKNOWN 9**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN 9**

MOTHER 15. MAIDEN NAME **UNKNOWN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

17. INFORMANT **U.S. Veteran Bureau Records**
 (ADDRESS) **Jefferson Barracks, Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **NATIONAL CEM** DATE **4-21-38**

19. FUNERAL DIRECTOR **C. Hoffmeister U. & L. Co**
 (ADDRESS) **7814 S. Broadway, St. Louis, Mo.**

20. FILED **APR 20 1938** **J. D. Budeck**
 Local Registrar

No Medical Certificate of Death
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 15, 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at **8:10 P.M.**

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

Chronic Myocarditis
Chronic Interstitial Nephritis
 Date of onset **1/21**

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

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **Alfred Perry, M.D.**
 (Signed) **Alfred Perry, M.D.**
 (Address) **Alfred Perry, M.D.**

(Licensed Embalmer's Statement on Reverse Side)

WRITE CAREFULLY 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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Linus C. Hoffmeister
L. E. #3871
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed George W. Hoffmeister
Licensed Embalmer No. 2426

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.)