

JUL 15 1940

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1244

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days (Specify whether  
In this community 12 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town S. Kinloch Pk.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Frost Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

3. (a) PRINT FULL NAME Mary O'Neal 540

8. (b) If veteran, name war ? 3. (c) Social Security No. ?

4. Sex female 5. Color or race colored 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Silas O'Neal 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased ? ? 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 ? ? \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown Miss. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife 9

11. Industry or business \_\_\_\_\_

12. Name Unknown Unknown 9

13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Unknown

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Silas O'Neal

(b) Address Troy St. Kinloch

17. (a) Burial (b) Date thereof 7-3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk.

18. (a) Signature of funeral director Boyd Bros

(b) Address East St. Louis, Mo. Kinloch

19. (a) JUL - 2 1940 (b) R. R. Meyer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1  
year 1940 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from 6-23-40  
\_\_\_\_\_, 19\_\_\_\_, to 7-1-40, 19\_\_\_\_;

that I last saw her alive on 7-1-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Accident 1 wk  
Hypertensive Cardio-vascular disease 20 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 9.5/2

Of autopsy \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. R. Meyer (M.D. or other) 1  
Address St. Louis, Mo. Date signed 7/2/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

06  
2  
2

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**