DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40142

Registration District No. 1003 JAN 15 1941 7913

Primary Registration District No. 1003

Registrar's No. 9913

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis, Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2841 Montgomery (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 20 (If outside city or town limits, write "RURAL")

(d) Street No. 2841 Montgomery (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ELIZABETH L. O'NEIL

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Geo. O'Neil

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 9 (Month) 9 (Day) 1879 (Year)

8. AGE: Years 61 Months 2 Days 22 If less than one day hr. min. 1

9. Birthplace (City, town, or county) Ky (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name James Lytton
13. Birthplace (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Mollie Fleming
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant's own signature George O'Neil

(b) Address 2841 Montgomery

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem.

18. (a) Signature of funeral director J. H. Harrison

(b) Address 2906 Lawton Blvd

19. (a) DEC 7 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Nov.~~ December day 1st, year 1940 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from 7-16, 1940, to 12-1, 1940 that I last saw her alive on 12-1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic	
Due to Heart Disease	4½ mos
Compl. with Mitral &	
Due to Aortic Dis.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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) No

(b) Date of occurrence No

(c) Where did injury occur? No (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)

While at work? No (e) Means of injury No

23. Signature E. Schisler (M. D. ~~or other~~)

Address 945 Missouri Bldg Date signed 12-2-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 X19511

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. Jas H Harrison

Licensed Embalmer No. 760

P. O. Address 2906 Lawton

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

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