No. 2
-1-4-41
5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 22 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32902

Registrar's No. 7853

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
1523 N.8th. St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 500

(c) City or town St. Louis 26 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1523 N.8th. St 9
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Thomas O'Neill

3. (b) If veteran, name war None

3. (c) Social Security No. 702-05-8423 ~~None~~

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar 10th 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 18 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation R.R. Clerk Retired

11. Industry or business Wasbash Railrailway

FATHER
12. Name Owen O'Neill
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary McDermott
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Frank O'Neill
(b) Address 1523 N.8th. St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral director Harrigan ' Sh-ahan Und Co
(b) Address 4415 Washington Blvd.

19. (a) OCT 1 1941 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29th.
year 1941 hour 8:45 AM minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Chronic Myocarditis

Due to Chronic Interstitial Nephritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

131

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Thomas F Callaway (M.D. or other)
Address Deputy Coroner Date signed 10/2/41

(Licensed Embalmer's Statement on Reverse Side)

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.....Homer W. Fritz.....

Licensed Embalmer No.....3882.....

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, fact should be so stated above.