. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4783

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1374

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:
4108 No. 20 Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4108 No. 20 Str.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eugene Barrett O'Neil
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary O'Neil
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Oct. 30 1904 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
37	3	11	hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Steam Fitter
11. Industry or business Small Arms Plant
FATHER 12. Name Joseph P. O'Neil
13. Birthplace New York (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Margaret Knapp
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mary O'Neil
(b) Address 4108 No. 20 Str.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvarys Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address 2117 E. Grand Blvd.
19. (a) FEB 13 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 11 day 11 year 1942 hour 1 minute 50 P. 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.

	Duration
Immediate cause of death: Acute Alcoholism.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature Thomas F. Callaman (M. D. or other)
Address Deputy Coroner Date signed 2/12/42

(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: Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.