

Registration District No. 191

Primary Registration District No.

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:
2127 ALFRED AV.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community...
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2127 ALFRED AV.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 4
year 1942 hour 7 minute 35 p.M.
21. I hereby certify that I attended the deceased from
March 14, 1942 to April 4, 1942
that I last saw her alive on April 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Dr. Myocarditis
Due to
Due to
Other conditions. Senility
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy

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 E. J. Schmur (M. D.)
Address 6336 Clayton Road Date signed 4/6/42

3. (a) PRINT FULL NAME ALICE O'NEILL

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, MARRIED
6. (b) Name of husband or wife THOMAS F. O'NEILL 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased MAY 12 1871 (Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 23 If less than one day hr. min.

9. Birthplace ST. LOUIS MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business O.K.N.

12. Name JOSEPH HUGHES

13. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)

14. Maiden name ALICE

15. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)

16. (a) Informant Thomas F. O'Neill

(b) Address 2127 Alfred av

17. (a) BURIAL (b) Date thereof APRIL 7 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette av

19. (a) APR 6 1942 (b) J. F. Pruden (Date received local registration) (Registrar's signature)

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

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 _____

Joseph Bollmer, Registered Apprentice No. _____
working under my personal supervision.

Signed Joseph Bollmer
Licensed Embalmer No. 41014
P. O. Address 3125 Lafayette Ave

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.