

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42013

Registration District No. 784

Primary Registration District No. 207

Registrar's No. 2513

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Kack Mo  
(c) Name of hospital or institution Robert Kack Hospital  
(d) Length of stay: In hospital or institution 1 yr, 7 mo, 27 days  
In this community 7 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis 12  
(c) City or town St. Louis  
(d) Street No. 924 a North 14th St  
(e) Citizen of foreign country? No  
If yes, name country 1

3. (a) PRINT FULL NAME DOLORES O'NEAL  
3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex F 5. Color or race N 6. (a) Single, widowed, married, divorced SO  
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive 11 years (Day) (Year)

7. Birth date of deceased: October 11 1935  
(Month) (Day) (Year)

8. AGE: Years 7 Months 1 Days 20 If less than one day hr. min.

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

10. Usual occupation -

11. Industry or business -  
12. Name Charles Cook  
13. Birthplace Mo  
14. Maiden name Jola O'Neal  
15. Birthplace Ill

16. (a) Informant Hospital record  
(b) Address Robert Kack Hospital  
17. (a) Plaine C Remond (b) Date thereof 12-7-42  
(c) Place: burial or cremation E. St. Louis Ill

18. (a) Signature of funeral director J. H. Randolph  
(b) Address 3133 Bell Ave  
19. (a) DEC 3 - 1942 (b) C. J. McFarren  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 year 1942 hour 2 minute 10 A.  
21. I hereby certify that I attended the deceased from April 4, 1941 to Dec 1, 1942 that I last saw him alive on Dec 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Duration 4 yrs?

Due to BMI  
Other conditions (Include pregnancy within 3 months of death) -

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? -  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? -  
While at work? - (Specify type of place) (g) Means of injury -  
23. Signature Frank Cohen (M. D. or other) M.D.  
Address Robert Kack Hosp Date signed 12/6/42

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

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

96  
0

**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. *2494*

P. O. Address..... *2749 Chouteau*

**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.**