

FILED JUN 19 1943 318  
Registration District No. **318**

Primary Registration District No. **1003**

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

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:  
**3649 LACLEDE AVE. /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
**20 YEARS** (Specify whether years, months or days)

3. (a) PRINT FULL NAME..... **RACHEL O'NEAL**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex..... **FEMALE**

5. Color or race..... **WHITE**

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

6. (b) Name of husband or wife..... **BALLARD O'NEAL**

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

7. Birth date of deceased..... **MARCH 2 1869**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>74</b>	<b>3</b>	<b>10</b>	hr. min.

9. Birthplace..... **KANSAS /**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **AT HOME**

11. Industry or business.....

MOTHER FATHER {

12. Name..... **JOHN MAPLE**

13. Birthplace..... **KANSAS /**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **DONT KNOW**

15. Birthplace..... **DONT KNOW 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **CHARLES O'NEAL**

(b) Address..... **1220 EAST ADMIRAL ST PULSA OKL.**

17. (a) **REMOVAL** (Burial, cremation, or removal)

(b) Date thereof..... **6-14-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation..... **LONGTON KANSAS**

18. (a) Signature of funeral director..... **Arthur J. Donnelly**

(b) Address..... **3840 Lindell Blvd**

19. (a) **JUN 13 1943** (Date received local registrar)

**J. F. Brebeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MO.** (b) County..... **000 17**

(c) City or town..... **ST. LOUIS 719**  
(If outside city or town limits, write "RURAL")

(d) Street No..... **3649 LACLEDE AVE.**  
(If rural, give location)

(e) Citizen of foreign country?..... **0** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **JUNE** day..... **12**  
year..... **1943** hour..... **12.05** minute..... **A.** M.

21. I hereby certify that I attended the deceased from **May 20-43**  
to **June 10 - 1943**  
that I last saw her alive on **June 10 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Endocarditis**

Due to..... **Carcinoma of right lung**

Other conditions..... **H I**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy..... **none**

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..... **C. O. Connor** (M. D. or other)  
Address..... **1216 Am. Grand** Date signed..... **6-12-43**

*Dr. Wren  
Barnes  
3-4*

---

---

**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 *Stanley Marshall*  
Licensed Embalmer No. *2868*  
P. O. Address *3840 Luella*

**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.**