

S. No. 2  
M-2-43  
5-17-39  
I X33597

23344

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 24 1943

318

Registration District No.

1003

Registrar's No.

6471

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4410 Holly Ave /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community Unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 79  
(d) Street No. 4410 Holly Ave  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Charles E. O'Neil

3. (b) If veteran, name war None 3. (c) Social Security No. 493-09-7411

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Loretto M. O'Neil (Nee Morrin) 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased October 10, 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 9 6 hr. min.

9. Birthplace Cleveland Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Supt. P.D. George Co.

11. Industry or business

12. Name James O'Neil

13. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Carroll

15. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Loretto M. O'Neil

(b) Address 4410 Holly Ave

17. (a) Burial (b) Date thereof 7/19/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Illinois

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUL 17 1943 (b) J. E. Budack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th  
year 1943 hour 9:40 AM minute M.

21. I hereby certify that I attended the deceased from 5-26, 1937, to 7-16, 1943  
that I last saw him alive on 7-15, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 5 min?  
Chronic Vascular Disease ?  
Due to None

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None PHYSICIAN

Of autopsy None  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of Injury \_\_\_\_\_

23. Signature E. Lee Spradler (M. D. or other) 7/17/43  
Address 3720 Washington Date signed 7/17/43

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

MOTHER FATHER

**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..... *Francis G. Williamson*

Licensed Embalmer No. *3565*

P. O. Address *St Louis Mo.*

**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.**