

FILED NOV 1 1943  
Registration District No. **315**

Primary Registration District No. **1203**

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

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: City Infirmery  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo. 3 dys.  
(Specify whether life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 5800 Arsenal Street (If rural, give location) 131  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME O'Neil, Josie Rose

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, Divorced, widowed

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 8th 1884  
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 15 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business Nil

MOTHER FATHER { 12. Name Strutman, Henry

{ 13. Birthplace Missouri (City, town, or county) (State or foreign country)

{ 14. Maiden name Myles, Amelia (City, town, or county) (State or foreign country)

{ 15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant D.E. Basso

(b) Address 5800 Arsenal St. St. L., Mo

17. (a) Burial (b) Date thereof 10-25-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L.

(b) Address 7814 South Broadway, St. Louis, Mo

19. (a) OCT 24 1943 (b) J. Z. Bredack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23  
year 1943 hour 6 minute 05 A.M.

21. I hereby certify that I attended the deceased from Sept. 20  
1943 to Oct. 23 1943  
that I last saw her alive on Oct 22 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Nephrosclerosis Duration 1 year

Due to Arteriosclerosis of 15 years several years

Due to \_\_\_\_\_  
Other conditions Hypertensive heart disease 1 year  
(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? \_\_\_\_\_

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

23. Signature R. L. ... (M. D. or other) M.D.  
Address 5800 Arsenal St. Date signed 10/23/43

**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.....

*Paul A. Shanklin*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Paul A. Shanklin*.....

Licensed Embalmer No. *3472*.....

P. O. Address *78147. Perry*.....

**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.**