

FILED NOV 4 1944  
Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **2216**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Lemay**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Nazareth Convent- Forder & Ringer Rd.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Sister M. Aiden O'Neil**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **December 2 1877**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>67</b>	<b>10</b>	<b>27</b>	_____ hr. _____ min.

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

10. Usual occupation **Teacher**

11. Industry or business **Retired**

MOTHER FATHER

12. Name **John O'Neil**

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

14. Maiden name **Mary Kennedy**

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

16. (a) Informant **Sister M. Regina** *Sister M. Regina*

(b) Address **Nazareth Convent, Lemay, Mo.**

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

(b) Date thereof **Oct. 31, 1944**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Nazareth Cemetery**

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

(b) Address **7814 S. Broadway-St. Louis, Mo.**

19. (a) **OCT 31 1944**  
(Date received local registrar)

(b) **E. H. McLaitan**  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**

(b) County **St. Louis**

(c) City or town **Lemay** **Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Forder and Ringer Rds.**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: **October 29**  
year **1944** hour **11** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Oct 26**, 1944, to **Oct 29**, 1944;  
that I last saw her alive on **Oct 26**, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death **General paralysis of the infant**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **30 hr**  
(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? \_\_\_\_\_  
(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)

(a) Means of injury **0**

(b) Signature **Waldo H. Hill** (M. D. or other)

(c) Address **W. 23rd St. (23) Mo.**

Date signed **10/30/44**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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**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 Harry J. Schumacher  
Licensed Embalmer No. 2679  
P. O. Address 732 Fernway rd

**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.**