V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 11 1945

State File No. 22387

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6797

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 18 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, 17 15 (If outside city or town limits, write "RURAL")

(d) Street No. 4722 Adkins, 7 (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James A. O'Neill

3. (b) If veteran, name war World War I

3. (c) Social Security No. 494-09-9948

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Loretta

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased December 21, 1897, (Month) (Day) (Year)

8. AGE: Years 47 Months 7 Days 9 If less than one day hr. min.

9. Birthplace St. Louis, Missouri, 0 (City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Lammert Furniture Co.,

FATHER
12. Name Lawrence O'Neill,
13. Birthplace St. Louis, Mo., 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name -------Rowan
15. Birthplace St. Louis, Mo., 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loretta O'Neill

(b) Address 4722 Adkins,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery,

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa

19. (a) AUG 2 1945 (Date received local registrar) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1945 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Caused from

Due to Ruptured Duodenal Ulcer

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Patrick E. Guyler 3 (M. D. or other)

Address Dy E Date signed 8/2/45

(Licensed Embalmer's Statement on Reverse Side)

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 Albert G. Hoppe

Licensed Embalmer No. 2971

P. O. Address .....

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.