S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1945

Registration District No. 518

Primary Registration District No. 1003

State File No. 32240

Registrar's No. 9062

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:
3655 Childress Ave
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3655 Childress Ave
(If rural, give location)

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

If yes, name country

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3. (a) PRINT FULL NAME Eliza S. O'Neil

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James T. O'Neil

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

7. Birth date of deceased November 4th, 1864
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	11	14	hr. min.

9. Birthplace Gregsville (City, town, or county) Ill (State or foreign country)

10. Usual occupation At. Home

11. Industry or business

FATHER
12. Name William Parker
13. Birthplace Griggsville (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Sarah ?
15. Birthplace Griggsville (City, town, or county) Ill (State or foreign country)

16. (a) Informant E. J. Koenigkramer
(b) Address 3655 Childress Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road

19. (a) OCT 20 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th
year 1945 hour 7.10 minute A M.

21. I hereby certify that I attended the deceased from Sep 21, 1944 to Oct 18, 1945;
that I last saw her alive on Oct 17, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterio Sclerosis	13 Month
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

97

Major findings:
Of operations
Of autopsy

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 Fred W Rolling O' (M. D. or other)
Address 2125 Sidney St Date signed 10/19/45

(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.....

Licensed Embalmer No. 1994

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.