

FILED APR 31 1946

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **3056**

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:
5469 Beacon 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 **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5469 Beacon Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Catherine M.O'Neill**

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 **W. 2**

6. (b) Name of husband or wife **Thomas C.O'Neill** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb. 17, 1883**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	1	13	hr. _____ min. _____

9. Birthplace **St. Louis Mo. (1)**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Mark Halloran**

13. Birthplace **Ireland (4)**
(City, town, or county) (State or foreign country)

14. Maiden name **Eileen Maloney**
(City, town, or county) (State or foreign country)

15. Birthplace **Ireland (4)**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Francis P.O'Neill**

(b) Address **5469 Beacon Ave.**

17. (a) **Burial** (b) Date thereof **4-2-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindell Blvd.**

19. (a) **APR 1 1946** (b) **J.F. Bredbeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **30th.**,
year **1946** hour **8** minute **10** P.M.

21. I hereby certify that I attended the deceased from **1-14-46**
to **3-30-46**
that I last saw **her** alive on **3-20-46**
and that death occurred on the date and hour stated above.

Immediate cause of death
Cancer of left breast

Due to **breast 5, metastases to brain 50**

Other conditions (Include pregnancy within 3 months of death)
Major findings: **Cancer of left breast**
Of operations: **met bone**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **J.M. [unclear]** (M. D. or other)
Address **4962 W. [unclear]** Date signed **4-1-46**

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

10122

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 W. Van Matre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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.