S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1946

State File No. 25584

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5959

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:
Enroute to Homer Phillips Hospital
(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 30 years

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo. (b) County

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

(d) Street No. 4566 A. Enright Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Howard O'Neal

3. (b) If veteran, name war no

3. (c) Social Security No. 492-07-1356

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Mattie O'Neal

6. (c) Age of husband or wife if alive 38-5 years

7. Birth date of deceased Feb. 28, 1909 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
37	4	2	hr. min.

9. Birthplace Canton Miss. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name ? O'Neal

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

14. Maiden name Emma ?

15. Birthplace Pickett Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Edna Mae O'Neal

(b) Address 4566 A. Enright Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Wright's Funeral Home.

(b) Address 3100 Easton Ave.

19. (a) JUL 8 1946 (Date received by local registrar) J. F. Bredeeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30 day June year 1946 hour 6 minute 20 a. 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 Gunshot Wound heart and right lung perforated with gun in the hands of one Morris Willis (Col) in the Restaurant at 1107 N. 13th Street Duration

Duration: 1 hr 6 a.m. June 30 1946 when the deceased was pregnant

Other conditions (Include pregnancy within 3 months of death) Willis with gun hold on his hands

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) Assault & Homicide

(b) Date of occurrence June 30 1946

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public (Restaurant) (Specify type of place)

While at work? (e) Means of injury Gun shot

23. Signature (E. Taylor) (M. D. or other)

Address Reg. E. Date signed 7/3/46

(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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard ave

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.