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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41770**
Registrar's No. **187**

Registration District No. **310** Primary Registration District No. **3058**

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(c) Name of hospital or institution:
St. Joseph Hospital
(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 _____ years, months or days)

3. (a) PRINT FULL NAME John O'Neil
3: (b) If veteran, name war NIL **3. (c) Social Security** No. NIL

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** married
6. (b) Name of husband or wife Margaret (Marsh) O'Neil **6. (c) Age of husband or wife if alive** 62 years
7. Birth date of deceased August 9 1889
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business
MOTHER { **12. Name** ?? O'Neil
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret O'Neil
(b) Address R.R. 1, Box 152-St. Charles, Mo.

17. (a) "burial" (Burial, cremation, or removal) Oak Grove **(b) Date thereof** Dec 13-1946
(Month) (Day) (Year)
(c) Place: burial or cremation St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co.
(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) "12-18-46" (Date received local registrar) **(b) "Raimie Hamilton"** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town "rural"-St. Charles Township
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 1, Box 152
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 10
year 1946 hour 7:00 minute A M.
21. I hereby certify that I attended the deceased from Dec 9
1946 to Dec 10 1946
that I last saw him alive on Dec 9 and that death occurred on the date and hour stated above.

Immediate cause of death
Decubital ulcer - Perforation of Pericardium & Remembrance -
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Vincent A. deBurr (M. D. or other) MD
Address St. Charles, Mo. **Date signed** 12/12/46

284 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number.....

Date Filed..... 12-23-4

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..... *Joseph I Landolt*
Licensed Embalmer No..... 4189
P. O. Address..... *St. Louis*

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.