

No. 2
2-45
7-39
X47070

FILED JUN 14 1947 18

1003

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 5570

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:
De Paul Hospital
(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

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

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased February 14th 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 3 21
hr. min.

9. Birthplace: Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business General Baking Company

12. Name John O'Neill

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

14. Maiden name Mary (unknown)

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

16. (a) Informant Mrs. Eva O'Neill - Wife,

(b) Address 4560 Lexington Avenue,

17. (a) Removal (b) Date thereof 6-5-47
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Altova, Pennsylvania

18. (a) Signature of funeral director Sullivan Brothers,

(b) Address 2849 North Euclid Avenue,

19. (a) JUN 5 1947 (b) J. F. Breese
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4560 Lexington Avenue,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
year 1947 hour 10:30 AM/PM _____ M.

21. I hereby certify that I attended the deceased from June 2
1947, to June 5 1947
that I last saw her alive on June 5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Myocardial infarction

Other conditions: 940
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Christopher J. Voorhes (M.D. or other) _____

Address Humboldt Bldg Date signed 7.8

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

St. Louis, Mo.

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

Robert L. Burkema

Licensed Embalmer No. *3500*

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.