. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10541 2940

Registration District No. FILED APR 7 1948 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Infirmary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-13-48 to 3-24-48 (Specify whether years, months or days)
In this community

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. 4157 West Belle
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Matt O'Neal
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 5, 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	2	19	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name Henry O'Neal
13. Birthplace Missouei (City, town, or county) (State or foreign country)
14. Maiden name Jane?
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue
19. (a) MAR 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Maech, day 24, year 1948 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1/13, 1948 to 3/24, 1948 that I last saw him alive on 3/24, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: bronchopneumonia	
Cardiac failure	
Due to: Arteriosclerotic heart disease	
Due to: Spastic paralysis, Right from	
Other conditions: Cerebrovascular accident	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: 82
Of autopsy

PHYSICIAN
Underline the cause of 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 0
23. Signature Warren C. Lewis (M. D. or other)
Address 5600 Arsenal Date signed 3-23-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

mil

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 John K. Cunningham, Registered Apprentice No.....,
working under my personal supervision.

Signed John K Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.