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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17901 4736

Primary Registration District No. 1003

Registrar's No. 999 28 0 2

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

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: 0
DePaul
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State New Jersey (b) County Glouster

(c) City or town NewField
(If outside city or town limits, write "RURAL")

(d) Street No. R.R.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frances M. O'Neal

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John

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

7. Birth date of deceased Jan. (Month) 1 (Day) 1878 (Year)

8. AGE: Years 70 Months 4 Days 20 If less than one day hr. min.

9. Birthplace New Field (City, town, or county) New Jersey (State or foreign country)

10. Usual occupation House work

11. Industry or business at home

12. Name David Van Hook

13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Rosie (Unknown)

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Patricia Covington

(b) Address 7228 Henderson Rd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 22, 48 (Month) (Day) (Year)

(c) Place: burial or cremation Vineland NewJersey

18. (a) Signature of funeral director Cullen & Kelly

(b) Address 7267 Natural Bridge

19. (a) MAY 22 1948 (Date received local registrar) (b) J. F. Brodack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1948 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 16, 1948, to May 21, 1948, that I last saw him alive on May 21, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration
Rt. hemiplegia

Due to Hypertension
Hardening of Arteriosclerosis

Due to

Other conditions Cholecystitis Non-calculous
(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. C. Moore (M. D. or other) MD

Address 7301 Natural Bridge Date signed 5-21-48

(Licensed Embalmer's Statement on Reverse Side) Normandy 21 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 James C. Lammers

Licensed Embalmer No. 4142

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.

APR 11 1951

State of Missouri } ss.
County of St Louis

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 17901-48
Local Registrar's No. 4736

On this 9 day of April, 1951, before me appears Patricia Neil Covington, who, upon her oath, states that the original record of ~~birth~~ death for Frances M. O Neil ~~died~~ ~~born~~ May 21, 1948, 19..., in the State of Missouri, and which was filed at St. Louis, Mo. at that time, 19..., should be corrected as follows:

Item No. ... should read Frances M. O Neil
Instead of Frances O'Neal

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Patricia Neill Covington
Relationship. executor & daughter
Normandy 21 Mo.
Present Address. 7228 Henderson Rd

Subscribed and sworn to before me this 9 day of April, 1951

My Commission expires May 30-1953 Henry [illegible] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
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