

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39535

State File No.

FILED DEC 8- 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10703**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2706 STODDARD ST.		d. STREET ADDRESS (If rural, give location) 2706 STODDARD ST	

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) c. (Last) ONEAL		4. DATE OF DEATH (Month) (Day) (Year) 11 29 1951	
5. SEX MALE	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 17 1891
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N.I.	11. BIRTHPLACE (State or foreign country) FLORANCE ALA.
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME HENRY ONEAL	13b. MOTHER'S MAIDEN NAME AMANDA JENNING	14. NAME OF HUSBAND OR WIFE WILLIE ONEAL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willie Oneal 2706 Stoddard

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		
	ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H 93 X

22. I hereby certify that I attended the deceased from **11-23, 1951**, to **11-29, 1951**, that I last saw the deceased alive on **11-29, 1951**, and that death occurred at **3:43 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE William M. Hillier M.D.	23b. ADDRESS 4503 N. Page St. St. Louis, Mo.	23c. DATE SIGNED 11-30-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-29-51	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD
24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.F. WALKTON 2707 STODDARD ST.
DATE REC'D BY LOCAL REG. DEC 3 1951	REGISTRAR'S SIGNATURE J. Carl Smith	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Arthur R. Holliday

Licensed Embalmer No. 4221

P. O. Address 4740² - Coopers Rd

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.