

FILED NOV 24 1951

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Reg. 97916

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40287

State File No.

BIRTH NO. _____ REG. DIST. NO. 3.7 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3651

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>JEFF. BRKS. MO.</u>) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> | |
| c. LENGTH OF STAY (in this place) <u>4 Days</u> | | d. STREET ADDRESS (If rural, give location) <u>4939 HOOKE</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET. ADM. HOSP.</u> | | | |

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|--|----------------------------------|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>R.</u> c. (Last) <u>O'NEIL</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11/9/51</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>10/17/92</u> |
| 9. AGE (in years last birthday) <u>59 yrs</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Freight Agent</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u> |
| 13a. FATHER'S NAME <u>Michael O'Neil</u> | | 13b. MOTHER'S MAIDEN NAME <u>Agnes Burke</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary O'Neil</u> |

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|--|---|--|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World I</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>V. A. HOSPITAL RECORDS</u> | ADDRESS _____ |
|--|---|--|---------------|

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|---|--|--|--|----------------------------------|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF PANCREAS WITH METASTASES</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES | | - - - - | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) - - - - | | |
| | | DUE TO (c) - - - - | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | - - - - | | |

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| 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) <u>NONE</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>157X</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>- VA - m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |

22. I hereby certify that I attended the deceased from 11/5, 1951, to 11/9, 1951, that the deceased died on 11/9, 1951, at 8:55 pm., and that death occurred at 8:55 pm., from the causes and on the date stated above.

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|---|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>John H. Walters M.D.</u> | | 23b. ADDRESS <u>V.A. HOSP. JEFF. BRKS. MO.</u> | 23c. DATE SIGNED <u>11/9/51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-12-1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>11-10-51</u> | REGISTRAR'S SIGNATURE <u>Robert P. Lomke M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cullinane Bros. 3320 N. Kingshighway</u> | |

(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 *Fred Frick*

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.