

DECEASED JUL 22 1952 **STANDARD CERTIFICATE OF DEATH**

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6287**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2501a S. Kingshighway Bl.		d. STREET ADDRESS (If rural, give location) 17 2501a S. Kingshighway Bl.	

3. NAME OF DECEASED (Type or Print) JOSEPHINE		a. (First) A.	b. (Middle)	c. (Last) O'NEILL	4. DATE OF DEATH (Month) (Day) (Year) June 29 1952		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH Jan. 22, 1881	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian-St. Louis State Hospital		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME William Koehler		13b. MOTHER'S MAIDEN NAME Anna Matouschek		14. NAME OF HUSBAND OR WIFE Late James P. O'Neill			
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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) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert W. Quinlivan 2501a S. Kingshighway Bl.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Chronic Cardiac Valvular Disease				10 yrs +	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				None	
II. OTHER SIGNIFICANT CONDITIONS		None				None	

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etc.) None		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis St. Louis Mo.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? None 4254	
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22. I hereby certify that I attended the deceased from Jan 10, 1912, to June 29, 1952, that I last saw the deceased alive on June 22, 1952, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) Quinlivan, Robert W.		23b. ADDRESS 601 S. Brentwood, Clayton, Mo.		23c. DATE SIGNED 7/1/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 2, 1952		24c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. JUL 1 1952		REGISTRAR'S SIGNATURE H. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			
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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 Richard W. Storvick

Licensed Embalmer No. 4007

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.