

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36724

State File No. _____

FILED OCT 21 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9090

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. 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	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital		d. STREET ADDRESS (If rural, give location) 4628 Pershing Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) F. b. (Middle) Edward c. (Last) O'Neil			4. DATE OF DEATH (Month) (Day) (Year) Sept. 30, 1952
5. SEX M. 0	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Apr. 10, 1882
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) Chairman of Board - Fulton Iron Wks.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) Chairman of Board - Fulton Iron Wks.		10b. KIND OF BUSINESS OR INDUSTRY Fulton Iron Wks.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Frank R. O'Neil		13b. MOTHER'S MAIDEN NAME Hettie Peters	14. NAME OF HUSBAND OR WIFE Mrs. Mary M. O'Neil
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. 492-03-9061	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. John M. O'Neil, 4628 Pershing Ave.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vascular Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X	
22. I hereby certify that I attended the deceased from <u>Oct 27</u> , 19 <u>47</u> , to <u>Sept 30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Sept 29</u> , 19 <u>52</u> , and that death occurred at <u>6:45 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edmund M. O'Neil, M.D.</u>		23b. ADDRESS <u>958 Aricae Bay, St. Louis, Mo.</u>	23c. DATE SIGNED <u>54180 57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 2, 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 1 1952	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS 3840 Lindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

7851 17 100

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 _____

W. Van Matre

Licensed Embalmer No. 2825

P. O. Address 3840 Lindell

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.