

## STANDARD CERTIFICATE OF DEATH

State File No. **7763**

FILED FEB 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1204**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b> <b>2269</b>	
c. LENGTH OF STAY (In this place) <b>25 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>26 202 1/2 Palm St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>202 1/2 Palm St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Helen</b> b. (Middle) <b>Mae</b> c. (Last) <b>Mc Neil</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 30 53</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>2-12-1918</b>		9. AGE (In years last birthday) <b>34</b>		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>F.W. Woolworth</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mobdrige, South Dakota</b>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>James Bernard Mc Neil</b>		13b. MOTHER'S MAIDEN NAME <b>Opal Carroll</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>	
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 <b>Mrs Opal Mc Neil</b>	
				ADDRESS <b>202 1/2 Palm St</b>	

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) <b>COR PULMONALE</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>PULMONARY EMPHYSEMA</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>5 MONTHS</b>  <b>5 YEARS</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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) <b>St. Louis Mo.</b>	
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 <b>5271</b>	

22. I hereby certify that I attended the deceased from **Dec 1952** to **Jan 30, 1953** that I last saw the deceased alive on **Jan 29, 1953** and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert C. Sweet M.D.</b>		23b. ADDRESS <b>508 N. Grand</b>		23c. DATE SIGNED <b>Jan 30, 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-3-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>			

DATE REC'D BY LOCAL REG. <b>FEB 2 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Goodhart-Goodhart 2228 St. Louis, Av</b>	
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(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

*John S. Hennehan*  
Licensed Embalmer No. *4194*  
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.