

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12111

State File No. _____

FILED MAR 18 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2172

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN <u>ST Louis</u>	c. LENGTH OF STAY (In this place) <u>5 da</u>	c. CITY OR TOWN <u>Festus</u>	OR TOWN <u>'0502</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peoples Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>528 So. Adams, Ste. 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dempster</u> b. (Middle) <u>E.</u> c. (Last) <u>O'Neal</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-24-53</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>April 15, 1899</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 6 MRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GLASS WORKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>P.P.G. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>ST Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>HARRY O'NEAL</u>	13b. MOTHER'S MAIDEN NAME <u>Clara McFee</u>	14. NAME OF HUSBAND OR WIFE <u>L</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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mr Jasper Smith</u>	ADDRESS <u>Festus, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Hypertensive cardiovascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chron Nephritis</u>		3 mos
	DUE TO (c)		
	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 type="checkbox"/>
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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)
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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? <u>442X</u>
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22. I hereby certify that I attended the deceased from 2-19, 1953, to 2-24, 1953, that I last saw the deceased alive on 2-24, 1953, and that death occurred at 4:40 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leona Smart</u>	23b. ADDRESS <u>4069th Easton Ave</u>	23c. DATE SIGNED <u>2. 25 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-28-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Festus Mo</u>
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DATE REC'D BY LOCAL REG. <u>FEB 25 1953</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Guertner P. Pelitte</u>	ADDRESS <u>Crystal City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12 19 40

5-7

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

August C. Politte

Signed.....
Student Embalmer

Licensed Embalmer No. *3481*

P. O. Address *Crystal City, 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.