

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32704

State File No.

 BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2187

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 <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Normandy</u>)		c. LENGTH OF STAY (In this place) <u>21 days</u>	c. CITY OR TOWN <u>Richmond Heights</u> ¹⁵⁰ Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Mother of Good Counsel Home</u>		e. STREET ADDRESS <u>34 Ridgetop</u>	(If rural, give location)
3. NAME OF DECEASED (Type or Print) a. (First) <u>Estelle</u>		b. (Middle) <u>H.</u>	c. (Last) <u>O'Neill</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 1954</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 11, 1877</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cincinnati, Ohio.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Charles Rombach</u>		13b. MOTHER'S M maiden name <u>Julia Germaine</u>	14. NAME OF HUSBAND OR WIFE <u>Edward J. O'Neill</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. E.J. Hartnett 34 Ridgetop</u>
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 thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial degeneration arteriosclerosis</u> 3 yrs DUE TO (c) <u>arteriosclerosis general</u> 10 yrs 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"/>		<u>4221</u>	
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)	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 <u>Sept 10, 1951</u> , to <u>Sept 13, 1954</u> , that I last saw the deceased alive on <u>Sept 12, 1954</u> , and that death occurred at <u>7:45 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>CH Bockelman M.D.</u> (Degree or title)		23b. ADDRESS <u>2615 Brentwood Blvd.</u>	23c. DATE SIGNED <u>9/14/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept 16, 54</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>9/15/54</u>	REGISTRAR'S SIGNATURE <u>Hebert A. Amberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stock Mortuary 889 S. Brentwood Blvd.</u>	

(Licensed Embalmer's Treatment on Reverse Side)

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

No. 300
10-48

Clifford M. Beckelman
2615 Brentwood

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.....
Signature of Student Embalmer

Signed *Frank A. Moore*.....

Licensed Embalmer No. 304

P. O. Address 2117 E.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**