

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42482

State File No.

11422

XC-1 488 587

REG. NO. 13220

SL-8393 FILED JAN 6 1956

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

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

1. PLACE OF DEATH a. COUNTY <i>U.S. Veterans Hospital</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 DAY		e. STREET ADDRESS (If rural, give location) 3317 FRANKLIN AVENUE <i>22190</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP			
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) c. (Last) O'NEAL		4. DATE OF DEATH (Month) (Day) (Year) 12-25-55	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-25-1893
9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) LOUISVILLE, KENTUCKY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WESSLEY O'NEAL		13b. MOTHER'S MAIDEN NAME ELIZABETH	
14. NAME OF HUSBAND OR WIFE SUSIE BELL O'NEAL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY (If in service war or dates of service) 497 UNK 03 - 5840	
17. INFORMANT'S SIGNATURE OR NAME VA HOSP. ST. LOUIS, MO.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertensive heart disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio Sclerosis</i> DUE TO (c) <i>Nephritis (chr.)</i> II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <i>Hepatic Cirrhosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i> <i>unknown</i> <i>unknown</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X 443X	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <i>Feb 15, 1955</i> , to <i>Dec 25, 1955</i> , that I last saw the deceased alive on <i>Dec 25, 1955</i> , and that death occurred at <i>11:55 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>D. E. Moore - MD</i>		23b. ADDRESS <i>2330 e Franklin</i>	
23c. DATE SIGNED <i>12/26/55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12/30/55	
24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACK MO	
DATE REC'D BY LOCAL REG. DEC 28 1955		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	
25. FUNERAL DIRECTOR'S SIGNATURE PORTER FUNERAL HOME. 3028 DICKSON ST		ADDRESS	

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 *H. Claude Gordon*.....

Licensed Embalmer No. *34*

P. O. Address *45756*

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.