V.S. No. 300
Rev. 10.48

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

FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10840

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2800

1. PLACE OF DEATH
a. COUNTY ~~Joseph B. O'Neil~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 23 St. Johns Hospital 2061

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 5053A St. Louis Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Joseph
b. (Middle) B.
c. (Last) O'Neil

4. DATE OF DEATH (Month) (Day) (Year) March 20, 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 12, 1879

9. AGE (In years last birthday) 77yrs
If under 1 year: Months ___ Days ___
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Coll. of Rev.

10b. KIND OF BUSINESS OR INDUSTRY City Coll Office

11. BIRTHPLACE (State or foreign country) St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Owen O'Neil

13b. MOTHER'S MAIDEN NAME Mary McDermott

14. NAME OF HUSBAND OR WIFE Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 488-28-6269

17. INFORMANT'S SIGNATURE OR NAME Del. Bannister
ADDRESS 6708 Marquette

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Bronchopneumonia (terminal) — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congestive Heart failure — 2 wks

DUE TO (c) Arterio-sclerotic Heart disease — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. auricular fibrillation — 5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 420.0

20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1957 *to* Mar 20, 1957, *that I last saw the deceased alive on* March 20, 1957, *and that death occurred at* 7:40 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE S. H. Pranger (Degree or title) D.M.D.

23b. ADDRESS 4952 Maryland 4952 Maryland ave

23c. DATE SIGNED 3/21/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Mar. 23, 1957

24c. NAME OF CEMETERY OR CREMATORY Calvary

24d. LOCATION (City, town, or county) St. Louis Mo. (State)

DATE REC'D BY LOCAL REG. MAR 22 57

REGISTRAR'S SIGNATURE J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Morrell
ADDRESS 3710 N. Grand Ave.

3.P. (Licensed Embalmer's Statement on Reverse Side)

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 Robert M. Murray

Licensed Embalmer No. 3749

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.