

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37947**
Registrar's No. **9230**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis**

c. CITY OR TOWN **University City**

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **DePaul Hospital**

e. STREET ADDRESS (If rural, give location)
1220 Midland Ave.

3. NAME OF DECEASED
a. (First) **Margaret** b. (Middle) **E.** c. (Last) **O'Neill**

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 5, 1957

5. SEX **F.**

6. COLOR OR RACE **W.**

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

8. DATE OF BIRTH
Sept. 3, 1876

9. AGE (In years last birthday) **81**
IF UNDER 1 YEAR **1** Months **2** Years
IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country)
Missouri

12. CITIZEN OF WHAT COUNTRY?
U.S.

13a. FATHER'S NAME
Daniel O'Neill

13b. MOTHER'S MAIDEN NAME
Maria Bohan

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mr. Charles J. O'Neill, 1220 Midland Ave. U.C.

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) **Cerebral Hemorrhage**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Essential Hypertension**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
331X

INTERVAL BETWEEN ONSET AND DEATH
15 Days

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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) _____

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 **5-13, 1955**, to **10-5, 1957**, that I last saw the deceased alive on **10-5-57** and that death occurred at **10:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Donald L. Oetter MD**

23b. ADDRESS **730 HODIA MONT**

23c. DATE SIGNED **10-7-57**

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

24b. DATE **Oct. 8, 1957**

24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery**

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

DATE REC'D BY LOCAL REG. **OCT 7 57**

REGISTRAR'S SIGNATURE **Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Donald J. Donnell, 3840 Lindell Blvd.

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
Signature of Student Embalmer

Signed *Francis Williamson*

Licensed Embalmer No. *3565*

P. O. Address *3840 Lind*

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.