Health, Welfare Public Service

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1-57

FILED APR 9 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-012112
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3642

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 4475 W. Pine Boul. — Length of stay in Ib: 01 / 199

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4475 W. Pine Boul. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Daniel — Middle: A. — Last: O'Neil
4. DATE OF DEATH: Month: March — Day: 29 — Year: 1958
5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb 21 1998
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months: 1 Days: 8 — IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Louis Mo. 0
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Michael J. O'Neil
13b. MOTHER'S MAIDEN NAME: Agnes Burke
14. NAME OF HUSBAND OR WIFE: Genevieve O'Neil
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.: 490 38 485I
17. INFORMANT: Genevieve O'Neil — Address: 4475 W. Pine Bl.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerotic Heart Dis — 2 yrs.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1/1/56 to 3/29/58 and last saw ~~him~~ him alive on 3/29/58
Death occurred at 300p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Harold Franklin M.D. (Degree or title) 0
22b. ADDRESS: 16 Hampton Village
22c. DATE SIGNED: 3/31/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 1 1958
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Mo.
24. FUNERAL DIRECTOR: Cullinane Bros. — ADDRESS: 3320 N. Kingshighway
25. DATE RECD. BY LOCAL REG.: MAR 31 '58
26. REGISTRAR'S SIGNATURE: Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Part I. No symptoms will be issued. All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 4108

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.