

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003896

STATE FILE NUMBER

FILED FEB 16 1959 Registration District No. 317 Primary Registration District No. 548 Registrar's No. 398

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves, Mo		c. CITY OR TOWN Webster Groves, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glenwood Clinic		d. STREET ADDRESS (If outside, give location) 341 Linum Lane	

3. NAME OF DECEASED (Type or print) First Adeline Middle O'Neill Last O'Neill			4. DATE OF DEATH Month 2 Day 9 Year 59		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-8-1864	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unk. Stader	13b. MOTHER'S MAIDEN NAME unk.	14. NAME OF HUSBAND OR WIFE John T. O'Neill
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no) (If yes, give branch or dates of service) none	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Helon Flarlong	Address 341 Linum L. Webster Groves
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) general arteriosclerosis and cerebral arteriosclerosis	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Webster Groves, Mo.	COUNTY Webster	STATE Mo.
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21. I attended the deceased from 12-30-58 to 2-9-59 and last saw her/him alive on 2-9-59	
Death occurred at 2-9-59 11:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE Thomas T. Flynn (Degree or title) Att.	22b. ADDRESS 1300 Grant Road Webster Groves, Mo.	22c. DATE SIGNED 2-9-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2-12-59	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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24. FUNERAL DIRECTOR Southern Funeral Home ADDRESS 6322 S. Grand, St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. 2-10-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *David Van Fossan*

Licensed Embalmer No. *4242*
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.