Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015505

STATE FILE NUMBER

FILED MAY 1 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2465

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Homer G Phillips — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 3029 Madison — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Fred	Middle: D.	Last: Oneal	4. DATE OF DEATH	Month: 3 Day: 7 Year: 59
5. SEX: M	6. COLOR OR RACE: Col	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: 3-11-1927	9. AGE (In years last birthday): 31	IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 8: Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor	10b. KIND OF BUSINESS OR INDUSTRY: —	11. BIRTHPLACE (City and state or country): St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME: John Oneal	13b. MOTHER'S MAIDEN NAME: Clara Dickerson	14. NAME OF HUSBAND OR WIFE: Alice Oneal			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 810 (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 495-22-4556	17. INFORMANT: John Oneal	Address: 3029 Madison Ave		

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) Internal Hemorrhage following gunshot wound of both lungs and the aorta.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

E981X

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): suffered when shot with.

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [X]

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Gun in hands of Maggie Smith (col) Home at 3751 Evans Ave., about 835 pm., March 7, 1959

20c. TIME OF INJURY: 835 Hour p.m. Month, Day, Year: 3 7 59

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.): Home

20f. CITY, TOWN, OR LOCATION: St Louis COUNTY: Mo STATE:

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at 915 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph M Lunn Deputy Coron 3

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 3/11/59

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
REMOVAL	3-12-59	Greenwood Cemetery	St. Louis Co. Mo.

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Gus Lowe	2930 Dickson	MAR 11 '59	Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

A.J.B.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Arthur L. Hilliard

Licensed Embalmer No. 4228

P. O. Address 3100 Easton a

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.