

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

XC-1986952

SL 19771

1003

6620

-61-027190

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6620

AMENDED

FILED JUL 26 1961

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.				Length of stay in 1b 23 DAYS		c. CITY OR TOWN HAZELWOOD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 717 RIDERWOOD DRIVE	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (last birthday)	
First JAMES		Middle L.		Last O'NEAL		Month Day Year JULY 14, 1961	
5. SEX MALE		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 10-22-1891	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN Retired Caretaker		10b. KIND OF BUSINESS OR INDUSTRY Apartment Building		11. BIRTHPLACE (City and state or country) FANNIN COUNTY, TEXAS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JEFF O'NEAL				13b. MOTHER'S MAIDEN NAME EMMA KIRK		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI				17. INFORMANT Address MAXINE HARRISON, SEE # 20			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) HYPOTENSION							
DUE TO (b) CARDIAC FAILURE							
DUE TO (c) MULTIPLE PULMONARY EMBOLIZATION							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BACTERIAL PNEUMONIA						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) 466 X			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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 COUNTY STATE	
21a. attended the deceased from 6-21-61		to 7-14-61		and last saw him alive on 7-14-61		Death occurred at 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE C. CRAIG TISHER, M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 7-14-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 18, 1961		23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Av				25. DATE RECD. BY LOCAL REG. JUL 17 1961		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

Document
 Affidavit of
 C. Craig Tisher, M.D. due to get vein thru brown

MEDICAL CERTIFICATION

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 H. Ford G. Beaulieu

Licensed Embalmer No. 4207

P. O. Address H. Ford G. Beaulieu

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.