

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

UN 28 1929

19267

PLACE OF DEATH
 County St. Louis Registration District No. 785
 Township Poplar Grove Primary Registration District No. 6031
 City Valley Park (No.) St. Ward)

File No.
 Registered No. 90

2. FULL NAME Helen A. O'Neill
 (a) Residence. No. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry O'Neill
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 20 - 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 7 26
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House Wife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 10. NAME OF FATHER Artemus Soper
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England
 12. MAIDEN NAME OF MOTHER Mary Busham
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT Henry O'Neill
 (Address) Valley Park Mo.

15. FILED 6/10 1929 C. E. Burnett M.D.
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16 1929
 17. I HEREBY CERTIFY, That I attended deceased from May 4, 1929, to May 16, 1929, that I last saw her alive on May 14, 1929, and that death occurred, on the date stated above, at 12:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
130
Myocardial Regeneration
from history (duration) 3 yrs. mos. ds.
 CONTRIBUTORY Acute Nephritis
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED? POA
 IF NOT AT PLACE OF DEATH
 8 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) L. H. Habig M.D., M. D.
May 17 1929 (Address) 5817 Euclid St. St. Louis
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL
Oak Hill Cemetery, May 16, 1929

20. UNDERTAKER ADDRESS
Louis H. Bopp, Hickwood, Mo.

