

NOV 15 1937, MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

36109
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital
 (a) County Registration District No. 1003
 (b) Township Primary Registration District No.
 (c) City Saint Louis (d) Street No. 2601 N Whittier St.
30 years death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 10 How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 9686

2. PRINT FULL NAME Robert O'Neil
 (a) Residence, No. 526 S. Ewing St. 22
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1968
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 9 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. nil
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

FATHER 13. NAME Jim O'Neil
 14. BIRTHPLACE (CITY OR TOWN) unknown
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Charlotte ?
 16. BIRTHPLACE (CITY OR TOWN) unknown
 (STATE OR COUNTRY)

17. INFORMANT Evelyn Hilliard
 (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL:
 PLACE Washington Park DATE 10/12/37 19.

19. FUNERAL DIRECTOR E. L. Garner
 (ADDRESS) 2829 Washington Ave.

20. FILED OCT 19 1937
J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17 19 37

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 19 37, to Oct. 17, 19 37

I last saw him alive on Oct. 17, 19 37. Death is said to have occurred on the date stated above, at 10:10 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease

Date of onset 9/25/37

Other contributory causes of importance

Name of operation..... Date of.....

What test confirmed diagnosis clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?.....
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) L. L. Lewis, M. D.

(Address) 2601 n whittier

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Hilliard, Licensed Embalmer No. 3389

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 3389

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.)