

DEC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH 1003

12908  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 3  
(b) Township 1 Primary Registration District No. 3250  
(c) or City St. Louis (d) Street No. Route City Hospital St.  
(If 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. (f) How long in U. S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME Wm T. O'Neal

(a) Residence, No. 7001 S Broadway St. 1  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (late) Anna O'Neal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-3-1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 3 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired  
9. Industry or business in which work was done, as saw mill, bank, etc. switchman  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

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

13. NAME Nathan O'Neal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Masie Leitner  
7001 S Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Piedmont, Mo DATE 4-8 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Southern Trust Co  
322 S Grand

20. FILED APR 6 1939 J. B. Brubaker Local Registrar

No official certificate of Burial  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5 1939

22. I HEREBY CERTIFY, That I attended deceased from 1939 to 1939

I last saw h. alive on 4-8 1939. Death is said to have occurred on the date stated above, at 4:08 p.m.  
The principal cause of death and related causes of importance were as follows:

Primary Occlusion  
arterio Sclerosis  
Date of onset

Other contributory causes of importance:  
Name of operation None Date of None  
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None  
Where did injury occur? None  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None  
If so, specify None  
(Signed) Joseph M. Quinn, M.D.  
(Address) Superior Corner

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Frank Ludwig*  
.....  
working under my personal supervision.

Registered Apprentice No. *2504*

Signed.....  
*Frank Ludwig*

Licensed Embalmer No. *2504*

P. O. Address. *6322 So Grand*

**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 this body is not embalmed, above space should be left blank.**