

JAN 12 1940

791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

10906

1. PLACE OF DEATH: 2003
 (a) County 1
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Desloge Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution One day 11 Hours
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: _____
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL") _____
 (d) Street No. 3656 Park Ave.
 (If rural, give location) _____
 (e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME John Franklin O'Neill 540
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 20
 year 1939 hour 10 minute 54 P. M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Nora Holmes O'Neill
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Dont Know
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from DECEMBER 20, 1939 to DECEMBER 20, 1939; that I last saw him alive on DECEMBER 20, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC DECOMPENSATION
 Duration UNCERTAIN
 Due to ACUTE CARDIAC DILATATION UNCERTAIN
ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE UNCERTAIN
 Other conditions TERMINAL BRONCHO-PNEUMONIA UNCERTAIN
 (Include pregnancy within 3 months of death)

8. AGE: Years _____ Months _____ Days _____
 About 60
 If less than one day _____ hr. _____ min.

9. Birthplace Detroit Michigan
 (City, town, or county) (State or foreign country)

10. Usual occupation Chef

11. Industry or business Hotel
 12. Name Dont Know
 13. Birthplace Dont Know
 (City, town, or county) (State or foreign country)
 14. Maiden name Dont Know
 15. Birthplace Dont Know
 (City, town, or county) (State or foreign country)

Major findings: NONE
CORNER WAIVED AUTOPSY.
 Of autopsy LUNGS CONGESTED; PATCHY PURULENT AREAS; RT. AORTIC DILATED; AORTA WIDENED; CAP OF ABDOM. ORGANS
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Nora Holmes
 (b) Address 3656 Park Ave.

22. If death was due to external causes, fill in the following: _____
 (a) Accident, suicide, or homicide (specify) No.
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof Dec. 22, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation St. Matthews Cemetery

While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Shos J. ...
 (b) Address 1519 South Grand Blvd.

23. Signature Henry E. Greenheimer M.D. (M. D. or other) MD.
 Address 1325 South Grand Blvd. Date signed 12/21/39.

19. (a) DEC 21 1939 (b) _____
 (Date received local registrar)

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Thomas J. Funder

Licensed Embalmer No. 1197

P. O. Address

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.