

S. No. 2
-11-10-39
-5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20270**
Registrar's No. **5218**

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5330 Labadie
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Peter O'Neill

3. (b) If veteran, name war mona 8. (c) Social Security No. mo

4. Sex male 5. Color or race Wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 23 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Watchman

11. Industry or business Fisher Body

12. Name Lawrence O'Neill

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Donnelly

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret O'Neill
(b) Address 5550 Labadie Avenue

17. (a) Burial (b) Date thereof 6-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra

18. (a) Signature of funeral director [Signature]
(b) Address 1772 Mississippi St

19. (a) JUN 15 1940 (b) J. F. Bredenk
(Date received) (Registrar's signature)

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. 5550 Labadie Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1940 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from May 15 1940 to June 15 1940
that I last saw him alive on June 13 1940
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Due to _____
Due to _____

Other conditions chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(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? _____

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

23. Signature H. F. Bergman (M. D. or other) m. D.
Address 3720 Washington Date signed 6/16/40

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

Bernard J. Stuart

Licensed Embalmer No.

3500

P. O. Address

1225 Kuning Blvd

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.