

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4540 Lindell Blvd. /
(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 Henry O'Neil
3. (b) If veteran, name war None 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Sidney Rowley O'Neil. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 29, 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>3</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired-Lumber Business

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph O'Neil.
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Catherine Dwyer.
15. Birthplace Nashville, Tennessee/ (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joseph O'Neil.
(b) Address 4540 Lindell Blvd.

17. (a) Burial (b) Date thereof 3-21-41.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Charles Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) MAR 20 1941 (b) J. H. Bedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 17
(d) Street No. 4540 Lindell Blvd. (If rural, give location) 9
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 20.
year 1941 hour 4 minute _____ A.M.
21. I hereby certify that I attended the deceased from Jan. 27, 1938
19____, to March 20, 1941.
that I last saw him alive on March 20, 1941.
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral haemorrhage - left Duration 8 days
Due to Arteriosclerosis
Due to _____
Other conditions Chronic myocarditis
Hypertension
Major findings: _____
Of operations _____
Of autopsy _____
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? _____
(Specify type of place) _____
While at work _____ (c) Means of injury 0
23. Signature Wendy Becke (M. D. or other) _____
Address 3720 Washington Date signed 3/20/41

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

3720 West

11-1

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

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

3840 Lindell

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, fact should be so stated above.