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DEPARTMENT OF COMMERCE
BUREAU OF CORP.

FILED OCT 18 1941
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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30178
Registrar's No. 7517

Registration District No. _____

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:
Deaconess Hosp.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 7642 Alicia
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1941 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from June 26
1941, to Sept 16, 1941;
that I last saw him alive on Sept 15, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lymphatic Leukemia Duration 3 months

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy none

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

3. (a) PRINT FULL NAME Robert David O'Neal

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

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

7. Birth date of deceased March 12, 1938
(Month) (Day) (Year)

8. AGE: Years 3 Months 6 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

12. Name Alvin O'Neal

13. Birthplace Cape Girardeau, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Marie Johnson

15. Birthplace Keyser, W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Alvin O'Neal

(b) Address 7642 Alicia

17. (a) Burial (b) Date thereof 9-18-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) SEP 17 1941 (b) J. J. Bredbeck
(Date received local registrar) (Registrar's signature)

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? _____ (e) Means of injury 0
23. Signature T. R. Nelson (M. D. or other) MD.
Address 2816 Fulton Ave Date signed 9-17-41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

J. P. Burgess

Licensed Embalmer No. *4029*

P. O. Address..... *Maplewood*

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.