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26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

37217

State File No. 37217

DEC 22 1941

Registration District No. 1791 | Primary Registration District No. 1003 | Registrar's No. 9447

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000 / 026
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 1320 Monroe
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JAMES O'NEIL
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: Male
5. Color or race: White
6. (a) ~~Single, widowed~~ married, divorced: Married
6. (b) Name of husband or wife: Bridget O'Neil
6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: Sept. (Month) 8 (Day) 1868 (Year)

8. AGE: Years: 73 | Months: 2 | Days: 6 | If less than one day: hr. min.

9. Birthplace: Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
MOTHER FATHER
12. Name: James O'Neil
13. Birthplace: Ireland (City, town, or county) (State or foreign country)
14. Maiden name: Catherine Brennan
15. Birthplace: Ireland (City, town, or county) (State or foreign country)
16. (a) Informant: Bridget O'Neil
(b) Address: 1320 Monroe
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: Nov 29-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: John P. Collins & Bro
(b) Address: 928 N. Grand
19. (a) NOV 28 1941 (Date received by local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 26 year: 1941 hour: 4 minute: 30 P.M.
21. I hereby certify that I attended the deceased from November 19th, 1941 to Nov 26, 1941 that I last saw him alive on Nov 26, 1941 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Peritonitis | |
| Due to: intestinal perforation | |
| Due to: carcinomatosis Primary site transverse Colon | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: | |
| Of autopsy: Peritonitis, carcinomatosis | |

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? (e) Means of injury:
23. Signature: H. P. Kallenbach (M. D. or other)
Address: 5535 Delmar Blvd. Date signed: 11-27-41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Wilford G. Burnley

Licensed Embalmer No. 4202.

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**