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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40216

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9218

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Eva O'Neal

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

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

6. (b) Name of husband or wife Harvey O'NEAL 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Nov. 28 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 16 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business at home

12. Name James Smith

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

14. Maiden name Mary Allen

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

16. (a) Informant Allie Smith

(b) Address 3847 Windsor Pl.

17. (a) Burial (b) Date thereof 12. 18. 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Broe

(b) Address 3644 Finney Ave

19. (a) DEC 18 (b) J. F. Broe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis, M
(If outside city or town limits, write "RURAL")
(d) Street No. 3746 Finney Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14
year 1941 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from December 6, 1941 to December 14, 1941
that I last saw her alive on December 14, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Subacute Bacterio-endocarditis

Duration Unk.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

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?

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

23. Signature J. W. Johnson (M. D. or other) 0

Address 2001 N. W. 11th Date signed 12-15-41

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Louis V. Atkin*
Licensed Embalmer No. *2842*
P. O. Address *3644 Fin...*

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.