7. S. No. 2
00M—2-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

23785

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24934

Registration District No. 317 | Primary Registration District No. 6076 | Registrar's No. 1411

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Since 2-22-46 (Specify whether
In this community: 22 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County:
(c) City or town: East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 2302a State Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ONION, Frank C. Jr.

3. (b) If veteran, name war: World II

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married.

6. (b) Name of husband or wife: Velma Onion

6. (c) Age of husband or wife if alive: 22 years

7. Birth date of deceased: February (Month) 18 (Day) 1924 (Year)

8. AGE: Years 22 | Months 4 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace: East St. Louis, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation: Sheet Metal Apprentice

11. Industry or business:

FATHER
12. Name: Frank Onion
13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Laura Bower
15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Clinical Clerk, Vet. Adm. Hosp.
(b) Address: Jefferson Barracks, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: July 3, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: E. St. Louis, Ill.

18. (a) Signature of funeral director: Furrus Funeral Home
(b) Address: East St. Louis, Ill.

19. (a) 7-5-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 3
year: 1946 hour: 6:20 minute: A M.

21. I hereby certify that I attended the deceased from 2-22-46, 19__, to 7-3-46, 19__, that I last saw him alive on July 3, 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
SUBACUTE BACTERIAL ENDOCARDITIS	UNK
Due to: 121-2	
Due to:	
Other conditions: ACUTE APPENDICITIS (Include pregnancy within 3 months of death)	UNK

Major findings:
Of operations: Appendectomy & Drainage 2-22-46; Celiotomy & Closure 3-25-46
Of autopsy: No 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): No
(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 nature of place) Nature of injury:

23. Signature: L. E. STILWELL, M.D. (M. D. or other)
Address: Vet. Adm. Hosp. Jeff. Bks., Mo. Date signed: 7-3-46

(Licensed Embalmer's Statement on Reverse Side)

JUN 9 1946

JUN 9 1946

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 ..... A G Kierrus Jr

Licensed Embalmer No. 3162

P. O. Address ..... E St Louis Ill

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.