

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 6777
Registrar's No. 1462

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Enroute to Missouri Baptist Hospital
(d) Length of stay: In hospital or institution. - Life
In this community - Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 3686 Laclede Avenue
(e) Citizen of foreign country? NO
If yes, name country.

3. (a) PRINT FULL NAME STANLEY KARL O'NEAL
3. (b) If veteran name war 3. (c) Social Security No.
4. Sex M C 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 22, 1943

8. AGE: Years 3 Months 3 Days 19 hr. min.

9. Birthplace St. Louis, Missouri
10. Usual occupation Infant

11. Industry or business
12. Name James O'Neal
13. Birthplace Kentucky
14. Maiden name Muriel Taylor
15. Birthplace Missouri

16. (a) Informant James O'Neal
(b) Address 3686 Laclede Avenue
17. (a) burial (b) Date thereof 2-13-47
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) FEB 13 1947 J. F. Bedeck

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2/11/47 day 11 hour 2:00 minute 15 M.
21. I hereby certify that I attended the deceased from 2/10/47 to 2/11/47
that I last saw him alive on 2/10/47
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Hepatitis Bronchopneumonia
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 107
Major findings: Of operations
Of autopsy
Duration 2 weeks 3 days
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) (c) Means of injury
23. Signature E. P. [Signature] (M. D. or other) M.D.
Address 290 Big Bend [Address] Date signed 2/12/47

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.....

W. Cooper

Licensed Embalmer No.....

3830

P. O. Address.....

2301 Lafayette

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.