S. No. 2
)M—5-43
y. 5-17-39
o. I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15500

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4392

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: St. Louis Childrens Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2010 Prather Ave. 4179
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Patricia Lee O'Neal

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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 April (Month) 10 (Day) 1947 (Year)

8. AGE: Years 0 Months 0 Days 19 If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Martin O'Neal
13. Birthplace Quincy (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Margaret A. Yenny
15. Birthplace Alton (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Martin O'Neal
(b) Address 2010 Prather Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 30 (Day) 47 (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) APR 30 1947 (Date received local registrar) (b) J. F. Bradleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 29 year 47 hour 2 minute 15 AM.

21. I hereby certify that I attended the deceased from 4-21- 1947, to 4-29 1947; that I last saw her alive on 4-29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death CONG. HEART DISEASE — Duration
TRANSPOSITION OF GREAT VESSELS.
RT. HEART FAILURE.

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature (M. D. or other)

Address Date signed 4/29

(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 Richard W Stovicsand

Licensed Embalmer No. 4007

P. O. Address.....

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.