

FILED OCT 24 1947

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 9476

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: Faith Hospital  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Normandy  
(d) Street No. 6922 Rader  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Michael Patrick O'Neill

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

4. Sex M. 5. Color or race W. 6. (n) Single, widowed, married, divorced  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased October 13 1947

8. AGE: Years Months Days If less than one day 4 hr. 1 min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Hugh P. O'Neill  
13. Birthplace St. Louis, Mo.  
14. Maiden name Darlene Michael  
15. Birthplace East St. Louis, Ills.

16. (a) Informant Hugh O'Neill  
(b) Address 6922 Rader, Normandy, Mo.  
17. (a) burial (b) Date thereof Oct. 14-1947  
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Alexander Bon  
(b) Address 6175 Delmar  
19. (a) OCT 14 1947 (Date received local registrar) J. F. Braddock (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. 13 day 13  
year 1947 hour 3 minute 00 a.m.

21. I hereby certify that I attended the deceased from Oct. 13 1947 to Oct. 14 1947  
that I last saw him alive on Oct. 14 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth  
Due to Infant of Placenta

Due to  
Other conditions (Include pregnancy within 3 months of death) 159

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?  
(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 Joseph B. Luyon (M. D. or other) M.D.  
Address 6153 1/2 Natural Bridge Date signed 10-14-47

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

Ho - 6262

**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.

*NOT embalmed*  
Signed *J E McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175 Palmdale*

**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.**