

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

State File No. 3098
227
Registrar's No.

FILED JAN 19 1949

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>8 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. L. City Hosp. #1.</u>				d. STREET ADDRESS (If rural, give location) <u>23 2214 1/2 So. 4th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERCHEL</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>O'NEAL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 8 1949</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>July 25, 1916</u>	
9. AGE (In years last birthday) <u>32</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kroger Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Aurora, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ben O'Neal</u>		13b. MOTHER'S MAIDEN NAME <u>Allie Jenkins</u>		14. NAME OF HUSBAND OR WIFE <u>Dotha Becker O'Neal</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. (If yes, give year of date of service) <u>WW #2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dortha O'Neal</u>		ADDRESS <u>2214 1/2 So. 4th St.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. <u>E 916.0</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Hemorrhage following 2nd & 3rd degree burns of 30% of body, suffered when deceased was trapped in burning house at 1332 Stearns Ave. about 4:40 am Dec 3rd 1948 cause and manner of fire could not be determined</u> ANTECEDENT CAUSES (b) <u>burning house at 1332 Stearns Ave. about 4:40 am Dec 3rd 1948 cause and manner of fire could not be determined</u> DUE TO (c) <u>Damage to house & contents</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>\$ 100.00</u>				INTERVAL BETWEEN ONSET AND DEATH <u>23</u> <u>Accident</u>	
19a. DATE OF OPERATION <u>11</u>		19b. MAJOR FINDINGS OF OPERATION <u>23</u> <u>Accident</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 3 48 4:40 P. M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>go</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph Quinn</u>				23b. ADDRESS <u>1300 Clark Street</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>1-9-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hayti, Missouri</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>JAN 10 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. W. McLaughlin 2301 Lafayette</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

L R Cooper

Licensed Embalmer No. 3633

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.