

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26181

State File No. _____

S. No. 300
v. 10.48

FILED JUL 31 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6801**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2179	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital # 1		d. STREET ADDRESS (If rural, give location) 3826 Flad Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) W. c. (Last) O'Neill		4. DATE OF DEATH (Month) (Day) (Year) July 12, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 29, 1873
9. AGE (In years last birthday) 79		10. KIND OF BUSINESS OR INDUSTRY City Hall	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Permit Clerk		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME Edmund J. O'Neill		13b. MOTHER'S MAIDEN NAME Ribney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Elizabeth Black		ADDRESS 3826 Flad Avenue	
18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) <i>1. This does not mean the mode of dying, such as heart failure, asthma, etc. It means the direct injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) In right hip; Acute Stearosis ANTECEDENT CAUSES Bright's disease; suffered when deceased fell out of bed at City Hall #1, and DUE TO (b) Quarantine DUE TO (c) July 25, 1952 exact time	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Shop	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 7 52 ? m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR E9027			
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 1140A m. , from the causes and on the date stated above. 45			
23. SIGNATURE Patrick E. Taylor Coroner		23b. ADDRESS 31800 Clark	
23c. DATE SIGNED 7.14.52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 15/52	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JUL 14 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros.		ADDRESS 2201 So. Grand Blvd.	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *W. E. Morris*

Licensed Embalmer No. 3360

P. O. Address St. Louis, Mo

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of _____ }
County of _____ } ss.

State File No. 26181
Local Registrar's No. 6801

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 194____, before me appears _____

for Charles W. O'Neill, who, upon _____ oath, states that the original record of birth death
died 7-17, 1951, in the State of
born _____, Missouri, and which was filed at _____ on _____ 19____, should be corrected as follows:

Item No. 13^a should read Edmund J. O'Neill

Instead of _____

Item No. 13^b should read Elizabeth Ribney

Instead of _____

Item No. 218^a should read July 5 - 1952

Instead of _____
" 4 - 1952

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant Elizabeth Black Inf Relationship _____

3826 Flood
Present Address.

Subscribed and sworn to before me this 4 day of Aug, 1952

My Commission expires 3-4-53 Ella R. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-26181 1952

August 4, 1952

26181

Bureau of Vital Statistics
Municipal Courts Building
14th and Market Streets
St. Louis, Missouri

re: CHARLES O'NEILL
3826 Flad
Expired 7-12-52 at
City Hospital #1

Gentlemen:

This is to certify that the date of the fracture of the right femur sustained by the above patient should be July 5, 1952 rather than July 4, 1952 as originally stated on the death certificate.

Yours very truly,

Flora Balanag
Flora Balanag
Record Room

AS TAKEN FROM THE MEDICAL RECORD.

2 OF 3

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S-26181-1952

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