

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35783

State File No. ....

FILED JAN 28 1953

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 0159

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0159	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 1-year		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Little Sisters of Poor				d. STREET ADDRESS (If rural, give location) 5 5236 Maple Ave. 0			
3. NAME OF DECEASED (Type or Print) John		a. (First)		b. (Middle) J.		c. (Last) O'Neil	
4. DATE OF DEATH Jan. 7, 1953		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH June 4, 1866		9. AGE (In years last birthday) 86 If UNDER 1 YEAR: 7 Months 3 Days If UNDER 2 HRS: _____	
5. SEX M.		6. COLOR OR RACE W.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Charles O'Neil			13b. MOTHER'S MAIDEN NAME Bridget Brannigan			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. not known		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Robert Gunn, 6358 Pershing Ave.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral edema</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 mo</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>153 X</i>					
22. I hereby certify that I attended the deceased from <i>Jan 1952</i> , to <i>Jan 7, 1953</i> , that I last saw the deceased alive on <i>12/30, 1952</i> , and that death occurred at <i>4 a. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Wm. J. O'Neil M.D.</i>				23b. ADDRESS <i>6346 Grand</i>		23c. DATE SIGNED <i>1/7/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 9, 1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JAN 7 1953		REGISTRAR'S SIGNATURE <i>Charles Smith</i>		GENERAL DIRECTOR'S SIGNATURE <i>W. Donnelly</i>		ADDRESS 3840 Lindell Blvd.	
(Licensed Embalmer's Statement on Reverse Side)							

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

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.