

FILED AUG 31 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 7852

BIRTH NO. ....

REG. DIST. NO.

## 1. PLACE OF DEATH

a. COUNTY **St. Louis**

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE **Missouri**b. COUNTY **St. Louis**b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**c. LENGTH OF STAY (in this place) **2 M. 5 D.**c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**d. FULL NAME OF HOSPITAL OR INSTITUTION **City Infirmiry Hospital**d. STREET ADDRESS (If rural, give location) **5300 Arsenal St.**

## 3. NAME OF DECEASED (Type or Print)

a. (First)

**MARY**

b. (Middle)

**ANNA**

c. (Last)

**O'Neill**

4. DATE OF DEATH

(Month)

(Day)

(Year)

**8****10****1953**

## 5. SEX

**Female**

## 6. COLOR OR RACE

**White**

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

**Widow**

## 8. DATE OF BIRTH

**Nov 15 1876**

## 9. AGE (In years last birthday)

**77**

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 12 WKS.

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Attendant**

## 10b. KIND OF BUSINESS OR INDUSTRY

**City Infirmiry**

## 11. BIRTHPLACE (City and State or Foreign Country)

**Missouri, DeSoto**

## 12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

## 13a. FATHER'S NAME

**Alex Henderson**

## 13b. MOTHER'S MAIDEN NAME

**Mary O'Toole**

## 14. NAME OF HUSBAND OR WIFE

**Widow, Edward O'Neill**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**No****Nil**

## 16. SOCIAL SECURITY NO.

**None**

## 17. INFORMANT'S SIGNATURE OR NAME ADDRESS

**Thomas M. Brady, Public Administrator**

## 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.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## 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.

## MEDICAL CERTIFICATION

**Generalized Arteriosclerosis**

## INTERVAL BETWEEN ONSET AND DEATH

**years**

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES NO 

## 21a. ACCIDENT SUICIDE HOMICIDE (Specify)

## 21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)

## 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

**450.0**

## 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

**Aug 10 1953 5:20A**21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 5, 1953**, to **Aug. 10, 1953**, that I last saw the deceased alive on **Aug. 10, 1953**, and that death occurred at **5:20A m.**, from the causes and on the date stated above.

## 23a. SIGNATURE (Degree or title)

**Henry Osler, M.D.**

## 23b. ADDRESS

**5600 Arsenal St.**

## 23c. DATE SIGNED

**8/10/53**

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

## 24b. DATE

**8-13-53**

## 24c. NAME OF CEMETERY OR CREMATORY

**Calvary Cemetery**

## 24d. LOCATION (City, town, or county) (State)

**St. Louis, Missouri**

## DATE REC'D BY LOCAL REG.

**AUG 11 1953**

## REGISTRAR'S SIGNATURE

**Carl Smith**

## 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

**Morrell Bros-4212 St. Louis Avenue.**

(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 Elton R. H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.