

FILED JUL 2 - 1954

THE DIVISION OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21060**
Registrar's No. **5595**

318 PRIMARY REG. DIST. NO. **1003**

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)					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis township) c. LENGTH OF STAY (In this place)				a. STATE Mo.		b. COUNTY 2039			
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital				c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS (If rural, give location) 3 6631 Arsenal St.									
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) J.		c. (Last) O'NEIL Sr.		4. DATE OF DEATH (Month) (Day) (Year) June 21 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH June 24, 1880		9. AGE (In years last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist-Measuregraph Corp.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) County Cork, Ireland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Michael O'Neil			13b. MOTHER'S MAIDEN NAME Mary Hamilton			14. NAME OF HUSBAND OR WIFE Late Margaret O'Neil			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Robert J. O'Neil ADDRESS 4463 Ellenwood Ave.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arterio Sclerotic Heart Disease					1 yr.		
		ANTECEDENT CAUSES					?		
		DUE TO (b) Arterio Sclerosis					?		
		DUE TO (c) Arterio Sclerotic Renal Disease					?		
		II. OTHER SIGNIFICANT CONDITIONS					1 wk		
		Conditions contributing to the death but not related to the disease or condition causing death. Abscess of kidney							
19a. DATE OF OPERATION 6-15-54		19b. MAJOR FINDINGS OF OPERATION Abscess kidney cortex					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) 600.1					
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?					
22. I hereby certify that I attended the deceased from 11-18 , 19 53 , to 6-21 , 19 53 , that I last saw the deceased alive on 6-20 , 19 53 , and that death occurred at 7:50 A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Chas. J. Foster, D.O.				23b. ADDRESS 6600 W. Florissant		23c. DATE SIGNED 6-22-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jun. 24, 1954		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. JUN 22 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.					

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.....
Signature of Student Embalmer

Signed *Edwin A. McArthur*

Licensed Embalmer No. *302*

P. O. Address

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**