

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24181

State File No.

5973

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hospital

STREET ADDRESS (If rural, give location) 3140 LaSalle 18 2187

3. NAME OF DECEASED (Type or Print) a. (First) Ada b. (Middle) _____ c. (Last) O'Neal

4. DATE OF DEATH (Month) (Day) (Year) 7 8 55

5. SEX Female 6. COLOR OR RACE Col

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

8. DATE OF BIRTH May, 8, 1886

9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____

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

10b. KIND OF BUSINESS OR INDUSTRY _____

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

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Not Known

13b. MOTHER'S MAIDEN NAME Not Known

14. NAME OF HUSBAND OR WIFE Dead

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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alma Allen 3140 LaSalle

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis

ANTECEDENT CAUSES
DUE TO (b) Generalized Arteriosclerosis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia

INTERVAL BETWEEN ONSET AND DEATH Undt.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 332X

22. I hereby certify that I attended the deceased from 6-2, 1955, to 7-8, 1955, that I last saw the deceased alive on 7-8, 1955, and that death occurred at 1:40 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edw. B. Williams, M.D.

23b. ADDRESS 2601 N. Whittier

23c. DATE SIGNED 7-9-55

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

24b. DATE July 13, 55

24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis County, MO

DATE REC'D BY LOCAL REG. JUL 11 1955

REGISTRAR'S SIGNATURE J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. J. Stanton 2749 Cherokee

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..... S. J. Watson.....

Licensed Embalmer No. 2698..

P. O. Address 2769 Chouteau

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.