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FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35042  
Registrar's No. 8729

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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). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>4 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>5905 Julian Avenue.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Luthern Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>5905 Julian Avenue.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>DUVAL</b> b. (Middle) <b>E. O'NEAL</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>October 5, 1955</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug 12, 1881</b>	
9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Arnold, Illinois</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Deputy Tax Assessor</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired 1 year.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Arnold, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Thomas O'Neal</b>			13b. MOTHER'S MAIDEN NAME <b>Katherine Duval</b>		14. NAME OF HUSBAND OR WIFE <b>Louise O'Neal</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>496-18-9168</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Louise O'Neal, 5905 Julian Ave.</b>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Carcinoma of Lung</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <b>0-3</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>163X</b>							
19a. DATE OF OPERATION <b>2/3/55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Bronchoscopy exam revealed Carcinoma of LUL.</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? _____			
22. I hereby certify that I attended the deceased from <b>1/24</b> , 19 <b>55</b> , to <b>10/5</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>10/5</b> , 19 <b>55</b> , and that death occurred at <b>11:50P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Edward W. Czerninski, M.D.</b>				23b. ADDRESS <b>3701 Grand St.</b>		23c. DATE SIGNED <b>10/6/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>Oct 8, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>OCT 6 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Shepard Funeral Home, 1167 Hamilto Ave.</b>			

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 *John S. Bennett*

Licensed Embalmer No. *4194*

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