

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14774

State File No. 1102

BIRTH NO. 10727-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1102

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>ST. LOUIS</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>ST. LOUIS</i>		c. LENGTH OF STAY (In this place) <i>1 Day</i>		c. CITY OR TOWN <i>NORMANDY</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <i>De PAUL HOSP.</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
		e. STREET ADDRESS (If rural, give location) <i>7316 HUNTINGTON DR.</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>WAYNE</i>	b. (Middle) <i>PAUL</i>	c. (Last) <i>O'NEAL</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>1-30-56</i>
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5. SEX <i>M.</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>	8. DATE OF BIRTH <i>1-30-56</i>	9. AGE (In years last birthday) Months Days Hours Min. <i>1 24</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>William Frederick O'neal</i>	13b. MOTHER'S MAIDEN NAME <i>Ellen Hartig</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Wm. O'Neal</i>	ADDRESS <i>7316 Huntington</i>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hyaline Membrane Disease</i>		<i>24 hrs</i>
	ANTECEDENT CAUSES DUE TO (b) <i>Pulmonary Anoxia</i>		
DUE TO (c) <i>Congenital Polycystic Kidney</i>		II. OTHER SIGNIFICANT CONDITIONS <i>& Low obstruction G.O. Tract</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>c hydro ureter + hydro nephrosis</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <i>5272</i>
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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?
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22. I hereby certify that I attended the deceased from *1/30, 1956* to *1/31, 1956* that I last saw the deceased alive on *1/31, 1956*, and that death occurred at *11:30 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Ray V. Boedeker</i>	(Degree or title)? <i>MD</i>	23b. ADDRESS <i>453 N. Taylor Av.</i>	23c. DATE SIGNED <i>1/31/56</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>2/1/56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>FEB 1 1956</i>	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Calvin F. Peutz</i>	ADDRESS <i>4528 Natural Bridge Blvd., St. Louis, 15, Mo.</i>
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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..... *Rodolfo C. Zander*

Licensed Embalmer No... *42*

P. O. Address... *St. Louis*

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.