

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18414

FILED JUN 7 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5173**

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, Mo.</b>		c. LENGTH OF STAY (In this place)	
c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthonys Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>16 3182 Morganford 21690</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nettie May</b> b. (Middle) <b>O'Neal</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>May 28, 1956</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Apr. 9, 1878</b>
9. AGE (In years last birthday) <b>78</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Pa.</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Sam Martin</b>		13b. MOTHER'S MAIDEN NAME <b>Agnes Montgomery</b>	
13c. NAME OF HUSBAND OR WIFE <b>Chas. O'Neal</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>unk</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Chas. W. O'Neal</b>		ADDRESS <b>3182 Morganford</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ARTERIOSCLEROTIC HEART DISEASE WITH DECOMPENSATION</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROSIS GENERALIZED</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>LUETIC AORTITIS</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>ABOUT 20 YRS</b>		UNK <b>UNK</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>420-08</b>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>3-16-1956</b> , to <b>5-28-1956</b> , that I last saw the deceased alive on <b>5-28-1956</b> , and that death occurred at <b>030p m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Henry T. Cooper</b>		23b. ADDRESS <b>818 OLIVE</b>	
23c. DATE SIGNED <b>5/29/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>5-30-56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Unk</b>		24d. LOCATION (City, town, or county) (State) <b>Moberly, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 29 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>		ADDRESS <b>6322 S. Grand Blvd., St. Louis, Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Cooper  
Paul Brown Bldg  
11<sup>30</sup> to 3 PM.

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 *David Van Gorman*

Licensed Embalmer No. *434*

P. O. Address *51 Tenth*

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.