

4711  
FILED MAY 25 1956THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 18415

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4634

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in institution) ST. LOUIS CITY HOSPITAL #1		Length of stay in lb. <i>One Week</i>	
3. NAME OF DECEASED (Type or print) GEORGE Michael O'NEILL		4. DATE OF DEATH MAY 11, 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 22nd. 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry work		10b. KIND OF BUSINESS OR INDUSTRY City Sanitarium	9. AGE (In years last birthday) 61
13. FATHER'S NAME a James O'Neill		11. BIRTHPLACE (City and state or country) St. Louis Missouri	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Elizabeth Geekie	
17. INFORMANT Mrs. Catherine Purdom		Address 758 Clara Ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Septicemia (Septicemia)</i> DUE TO (b) <i>Pyelonephritis. Pyelonephritis</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	0.534		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY	Hour Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 5/3/56 to 5/11/56 and last saw her alive on 5/11/56 Death occurred at 2: P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. J. Martin (Degree or title) M.D.		22b. ADDRESS 1515 LAFAYETTE AVE.	22c. DATE SIGNED 5/11/56
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5-11-1956	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis Missouri
24. FUNERAL DIRECTOR Arthur J. Donnelly 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. MAY 14 1956	26. REGISTRAR'S SIGNATURE Carl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

MAY 11 1938

STATEMENT

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me or by *[Signature]* Student Embalmer No. ....

working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *[Signature]*  
Licensed Embalmer No. ....

P. O. Address *[Signature]*

STATEMENT

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M.C.S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.