FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 545 Registrar's No. 2973

1. PLACE OF DEATH a. COUNTY St. Louis	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 Ma plewood — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Maplewood 4534 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 7350 Gayola — Length of stay in lb Yrs.	d. STREET ADDRESS (If outside, give location) 7350 Gayola — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Oscar	Middle: N.	Last: O'Neal
4. DATE OF DEATH	Month: Dec.	Day: 15th	Year: 1956
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Mar. 24th 1866
9. AGE (In years last birthday): 90	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Retired Farming	11. BIRTHPLACE (City and state or country): Gordenville, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James W. O'Neal		14. MOTHER'S MAIDEN NAME: Adline Thompson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Emma O'Neal	Address: Above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arterio-sclerotic heart disease

DUE TO (c) Generalized arterio-sclerosis

INTERVAL BETWEEN ONSET AND DEATH: 12 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year: None

20d. INJURY OCCURRED none WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) none

20f. CITY, TOWN, OR LOCATION: Maplewood COUNTY: St. Louis STATE: Mo.

21. I attended the deceased from Sept. 1956, to Dec. 1956 and last saw her/him alive on Dec. 15, 1956. Death occurred at 1:10 A.M. 12-15-56 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Herbert F. Steinbach M.D.

22b. ADDRESS: 7200 Manchester

22c. DATE SIGNED: 12-16-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 12-15-56	23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State): Jackson, Mo.
24. FUNERAL DIRECTOR ADDRESS: JAY B. SMITH, Maplewood, Mo.		25. DATE RECD. BY LOCAL REG.: 12-15-56	26. REGISTRAR'S SIGNATURE: Herbert R. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.