

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2471-62-008545
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2471

DO NOT WRITE ON THIS SUB

AMENDED

FILED MAR 15 1962

VS 300 Rev. 4/59
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2 206
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY MISSOURI

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN ST LOUIS, Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No
5553 ST EDWARDS

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
JOHN J. O'NEILL JR. MARCH 1, 1962

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH About 1909 9. AGE (last birthday) About 52
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN J. O'NEILL 13b. MOTHER'S MAIDEN NAME BRIDGET BURKE 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) NO 16. SOCIAL SECURITY NO. DON'T KNOW 17. INFORMANT MARGARET O'BRIEN 5540 LABADIE AVE Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Exposure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) body frozen when found in home on March 1st 1962 DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) accident 9320-22
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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.) See above

20c. TIME OF INJURY Hour Month, Day, Year
? a.m. 3-1-62 p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ok Home 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ 324 P _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph M. Quinn (Degree or title) 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 3-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 3/5/62 23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY 23d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI

24. FUNERAL DIRECTOR STROOT - CARROLL 4600 NAT'L BRIDGE MAR 3 1962 ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Road Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

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 M W Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis Mo

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.