

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017130

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4188** STATE FILE NUMBER

VS 300
Rev. 4/59

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24006-34

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59-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED MAY 1 1962

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **University City**

Inside Limits
Yes No

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **DePaul Hospital**

Inside Limits
Yes No

d. STREET ADDRESS (If outside, give location)
7306 Amherst

Reside on Farm
Yes No

3. NAME OF DECEASED (Type or print)
First **JOHN** Middle **J.** Last **O'NEILL**

4. DATE OF DEATH
Month **April** Day **21** Year **1962**

5. SEX
male

6. COLOR OR RACE
White

7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH
7/23/1895

9. AGE (last birthday)
66

IF UNDER 1 YEAR
Months **8** Days **28**
IF UNDER 24 HR
Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done
life, even if retired)
General Agent

10b. KIND OF BUSINESS OR INDUSTRY
C & I Railroad

11. BIRTHPLACE (City and state or country)
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
James O'Neill

13b. MOTHER'S MAIDEN NAME
Bridget Downey

14. NAME OF HUSBAND OR WIFE
Esther O'Neill

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No or unknown) (If yes, give year or dates of service)
Yes W.W.I

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Esther O'Neill 7306 Amherst

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Ruptured Aortic Aneurysm**

INTERVAL BETWEEN ONSET AND DEATH
48 hr

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

DUE TO (b) _____

DUE TO (c) **451X**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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.)

20c. TIME OF INJURY
Hour _____ a.m. _____ p.m.
Month, Day, Year _____

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.)

20f. CITY, TOWN, OR LOCATION
COUNTY _____ STATE _____

21. I attended the deceased from **April 1954** to **April 1962** and last saw him alive on **April 19, 1962**
Death occurred at **14 1/2 Amherst** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Thy A. Harrison M.D.** (Degree or title)

22b. ADDRESS
607. N. Grand BP

22c. DATE SIGNED
4-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE
4/24/62

23c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery

23d. LOCATION (City, town, or county) (State)
St. Louis Missouri

24. FUNERAL DIRECTOR
ADDRESS
C.R. Lupton and son s 7233 Delmar Blvd

25. DATE RECD. BY LOCAL REG.
APR 23 1962

26. REGISTRAR'S SIGNATURE
Lead Smith M.D.

USE BLACK INK OR TYPEWRITER RIBBON

Obit: Site abdominal

Dr. Hassett University Club Bldg
City

98.30402

Handwritten notes and scribbles at the top of the page.

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis Mo.

Handwritten notes and scribbles at the bottom left of the page.

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.