

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6915

1. PLACE OF DEATH

County..... Registration District No. 251
Township..... Primary Registration District No. 1003
City..... (No. 7516 N Broadway) St. Ward

File No.
Registered No. 1879
St. Ward

2. FULL NAME

Anna G. Sharkey

(a) Residence. No. 7516 North Broadway 8th Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 20 - 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 4 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) St Louis Mo

10. NAME OF FATHER

Francis J Sharkey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) St Louis Mo

12. MAIDEN NAME OF MOTHER

Mary Tobin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) St Louis Mo

14.

INFORMANT J. Francis Sharkey
(Address) 7516 N Broadway

15.

FILED 01 19 May 6 Starkeoff
REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 29 19 28

17. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1927, to Feb 19, 1928 that I last saw him alive on Feb 18, 1928, and that death occurred, on the date stated above, at 9:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1246 Embolism of brain non alcoholic
(duration) yrs. 2 mos. 18 ds.

CONTRIBUTORY (SECONDARY)

1222 B
(duration) yrs. 2 mos. 18 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Joseph Gill, M. D.
Feb 20, 1928 (Address) 3636 Webster

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Calvary Feb 22 19 28

20. UNDERTAKER

ADDRESS

Benson. Mehans 1138 N 6

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD

