

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

Do not use this space.

15035
15302

1. PLACE OF DEATH

County..... Registration District No. 102
Township..... Primary Registration District No. 1008
City St. Louis (No. 2209 Heblut st)

File No.....
Registered No. 4234
St. Ward)

2. FULL NAME

Annie O'Shea

(a) Residence. No. 2209 Heblut St., 20 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 63 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of William O'Shea

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 8 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
abt. 83

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) Henry Ireland

10. NAME OF FATHER Timothy Donavan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Ellen Hurley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Dr. Ignace de Lorpola (Address) 2209 Heblut St.

15. FILED APR 18 1928 Max O'Shea REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 8:30 am 1928

17. I HEREBY CERTIFY That I attended deceased from April 10, 1928, to April 17, 1928 that I last saw h. et. alive on April 16, 1928, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C
162 (duration) 90B yrs. mos. da.
CONTRIBUTORY (SECONDARY) Senility (duration) yrs. mos. da.

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? Clinical Examination
(Signed) Anthony A. Piekurki, M. D.
4/18, 1928 (Address) 1502 Cross Ave

*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 labary DATE OF BURIAL 4-18 1928

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2089 Grand St

WRITE FULLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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