

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 05
City..... (No. Williamphy Hopt)

File No. 25936
Registered No. 7796
St. _____ Ward _____

2. FULL NAME

Dennis Francis Shea St. Louis Mo.
(a) Residence. No. 5910 Cote Brillante 6 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. 10 mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 - 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
18 10 6

8. OCCUPATION OF DECEASED 1864 1948
(a) Trade, profession, or particular kind of work Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer) Plaster Contractor
(c) Name of employer Jas. Pele

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Timothy Shea

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

12. MAIDEN NAME OF MOTHER Julia Sullivan

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

14. INFORMANT Timothy Shea
(Address) 5910 Cote Brillante

15. FILED 28 1928 Wm C Stankler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1928
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____, alive on _____, 19____, and that death occurred, on the date stated above, at _____, 2:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock and Injuries
Subarachnoid (hemorrhage)

CONTRIBUTORY (SECONDARY) Falling from scaffold at Engine House 6990 Olive St Rd
St. Louis County
18. WHERE WAS DISEASE CONTRACTED accident
(NOT AT PLACE OF DEATH.)
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Wm C Stankler, M. D.
2415 1st (Address) Cosmo

*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 Calvary Cemetery DATE OF BURIAL July 30 1928

20. UNDERTAKER Cullman Bros - 1710 N. Grand

REPRODUCED FROM ORIGINAL RECORDS 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.

