

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

Do not use this space.

3175

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis (No. 4212, Shreve Ave) St. Ward

File No.
 Registered No. 670 St. Ward

2. FULL NAME

(a) Residence, No. Jane Sheehy St. 7 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Patricia Sheehy</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 7th 1850</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>79</u>	<u>10</u>	<u>12</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at Home</u> <u>980</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>106</u> (c) Name of employer <u>112</u>				

4 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 19 1930

17. I HEREBY CERTIFY, That I attended deceased from noon on Jan 19, 1930 to Jan 4, 1930 that I last saw her alive on Jan 18, 1930, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Sclerosis of Heart
myocarditis chronic
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis - Bronchiectasis
non tubercular (duration) 35 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ireland

10. NAME OF FATHER
Jama M. Sheehy

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

12. MAIDEN NAME OF MOTHER
Eun Black

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

18. WHERE WAS DISEASE CONTRACTED?
 IF NOT A PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? no DATE OF -

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Spudum Heart

(Signed) Louis H. Roberts M. D.
Jan 20, 1930 (Address) 102 700 Broadway

14. INFORMANT Mary A. Sheehy
 (Address) 4212 Shreve Ave

15. JAN 21 1930
 FILED 19 May C. Tanker
 REGISTRAR

*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 Library DATE OF BURIAL 1-22 1930

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 W. 44th St

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.

15 P. 250

John H. ...

Travis Bedy

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