

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

Do not use this space.

16525

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township **St Louis**

Primary Registration District No. **1003**

City **St Louis** (No. **3830 Park Ave**)

File No. \_\_\_\_\_  
Registered No. **5046**  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. **John P. O'Shea** St. **17** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Margaret O'Shea**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 27 - 1898**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>32</b>	<b>10</b>	<b>29</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Clerk**  
(b) General nature of industry, business, or establishment in which employed (or employer) **Wabash Rail Road**  
(c) Name of employer

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

10. NAME OF FATHER **Patrick O'Shea**

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

12. MAIDEN NAME OF MOTHER **Mrs. M. Carthy**

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

14. INFORMANT **Margaret O'Shea**  
(Address) **3830 Park Ave**

15. FILED: **27 1931** **Max Starn**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 26 1931**

17. I HEREBY CERTIFY, That I attended deceased from **May 10/30** **May 10, 1930**, to **Apr 26, 1931**, and that I last saw him alive on **Apr 23, 1931**, and that death occurred, on the date stated above, at **7:21** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Pulmonary Apoplexy**  
**due to non tubercular**  
**chronic bronchitis**

(duration) yrs. mos. ds.  
CONTRIBUTORY **Chronic Bronchitis**  
(SECONDARY) **two years** (duration) 2 yrs. mos. 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 **Physicist**  
(Signed) **E. B. Kinder** M. D.

**Apr 27, 1931** (Address) **1424 N. Taylor 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 **Calvary Cemetery** DATE OF BURIAL **4/29 1931**

20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2639 Wash St**

WRITE PLAINLY, 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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