

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.

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. 33
City St. Louis (No. 3208 Occochee St. _____) St. _____ Ward _____

✓
File No. 2447
Registered No. 112
St. _____ Ward _____

2. FULL NAME John M. O'Shea

(a) Residence. No. 3208 Occochee St. St. 15 Ward. _____
(Usual place of abode)
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 Anna O'Shea

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 23 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 1 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work clerk 25⁵
(b) General nature of industry, business, or establishment in which employed (or employer) Plumbing Co.
(c) Name of employer Purcell Mfg. Co.

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

10. NAME OF FATHER John O'Shea

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

12. MAIDEN NAME OF MOTHER Dont Know

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

14. INFORMANT Anna O'Shea
(Address) 3208 Occochee St.

15. FILED Jan - 3 1932 May O'Shea REGISTAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1932

17. I HEREBY CERTIFY, That I attended deceased from 3/29/29 to 1/3, 1932, that I last saw him alive on 1-2-3, 1932, and that death occurred, on the date stated above, at 5:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Stomach
Chr. Myocarditis
Chr. Nephritis

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. no DATE OF 4/13/29

DID AN OPERATION PRECEDE DEATH? no

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? operation 4/13/29
(Signed) George J. Webber
1/4, 1932 (Address) 1006 So Jefferson

*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 Jefferson Baracks DATE OF BURIAL Jan 5 1932

20. UNDERTAKER J. H. Gibben 2842 Marquette St. ADDRESS

10-12

10-12

1006 S Jefferson