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.

31193

File No. 9362
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City Saint Louis (No. City Hospital St. ..... Ward)

#10795

2. FULL NAME John Shea

(a) Residence, No. Father Butlers Hotel St. Hotel Ward. 20

(Usual place of abode) Coleman + Montgomery (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 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): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25-1876

7. AGE: Years 56 Months 4 Days 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lake Port N. Hampshire

FATHER

13. NAME Coleman Shea

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER

15. MAIDEN NAME Ellen Sullivan

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

17. INFORMANT (ADDRESS) Hospital Information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U DATE 10-15 1932

19. UNDERTAKER (ADDRESS) Walter Rechter 3700 Butler St

20. FILED OCT 21 1932 Wm C Nassell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25th 1932, to Sept. 30th 1932

I last saw him alive on Sept. 30th 1932. Death is said to have occurred on the date stated above, at 8.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm. Tuberculosis	
23A	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Maurice Diehr, M. D.

(Address) City Hosp #1