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.

APR 28 1933

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

Do not use this space.

11033

1. PLACE OF DEATH

16 County St. Louis, Mo. Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 B. Registered No. 110

City Jefferson Barracks, Mo. Veterans Administration Hospital (St. Ward)

2. FULL NAME SHEEHAN, Eugene

(a) Residence, No. 4201 College Ave., St. Louis, Missouri. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own ds. How long in U. S., if of foreign birth? Un yrs. kn mos. own ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	43	4	1	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Abt. 3 Wks. Ago.

11. Total time (years) spent in this occupation Abt. 23 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Ireland

FATHER

13. NAME Timothy Sheehan

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

MOTHER

15. MAIDEN NAME Johanna Reardon

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

17. INFORMANT (ADDRESS) C. H. SMITH, M.D., Clinical Director, Vet. Adm. Hosp. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Apr 3, 1933

19. UNDERTAKER (ADDRESS) Cullen & Kelly 1416 N Taylor Av

20. FILED April 2, 1933 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1933 to March 31, 1933

I last saw him alive on March 31, 1933. Death is said to have occurred on the date stated above, at 1:50P m.

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

Bronchopneumonia. Date of onset Unk.

107 A
90 B
10 A

Other contributory causes of importance:

Pericarditis

Name of operation - Date of

What test confirmed diagnosis? Clinical physical, x-ray & laboratory finding 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?

If so, specify

(Signed) W. C. GIBSON, M.D., Med. Off. In Chg., M. D.

(Address) Vet. Adm. Hosp. Jeff. Brks., Mo.