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 25 1934

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

Do not use this space.

10984

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2843

Township ..... Primary Registration District No. 1003 Registered No. 2843

City St. Louis, Mo (No. 3668 Lafayette Ave St. ..... Ward)

2. FULL NAME Michael W. Sheridan

(a) Residence, No. ..... St., 17 Ward. ..... (If nonresident, give city or town and State)
(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 Alfrieda Sheridan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10th 1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
57	1	10	

OCCUPATION

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

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

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) East St. Louis Illinois

FATHER

13. NAME Michael B. Sheridan

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

MOTHER

15. MAIDEN NAME Sarah McLandon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Michigan

17. INFORMANT (ADDRESS) Mary Sheridan 3668 Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt Carmel Cem DATE March 23, 1934

19. UNDERTAKER (ADDRESS) E. H. Duggan J. Robert 1905 S. Grand Blvd

20. FILED [illegible] 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1934, to Mar. 20, 1934

I last saw him alive on Mar. 20, 1934. Death is said to have occurred on the date stated above, at 9:25 p.m.

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

Acute lobar pneumonia (rt. middle + upper lobes) — Date of onset

108
111B

108

Other contributory causes of importance:

Generalized Pulmonary Edema

Name of operation ..... Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy? .....

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) Wm. J. Wotawa, M. D.

(Address) 3804 Wilmington Ave (Wotawa)