

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

Do not use this space.

30996

SEP 13 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. City & Sanitarium) St. Ward)

File No.....
Registered No. 8262
St. Ward)

2. FULL NAME

(a) Residence, No. 3801 Sherwood 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Irishman

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>abt</u>	<u>65</u>			

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Attendant</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>City Sanitarium</u>
	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) Ireland

13. NAME Wife

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wife

15. MAIDEN NAME

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

17. INFORMANT Mrs. Proney
(ADDRESS) 3801 Sherwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 8-14, 1934

19. UNDERTAKER Peeth Bros.
(ADDRESS) 3029 1/2 Lafayette

20. FILED AUG 13 1934 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 12:45 a.m.

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

Laceration and inter-cranial hemorrhage (traumatic) due to fall to floor at City Sanitarium

Other contributory causes of importance: City Sanitarium

Name of operation Autopsy Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Widow Date of injury 8-11, 1934

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

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

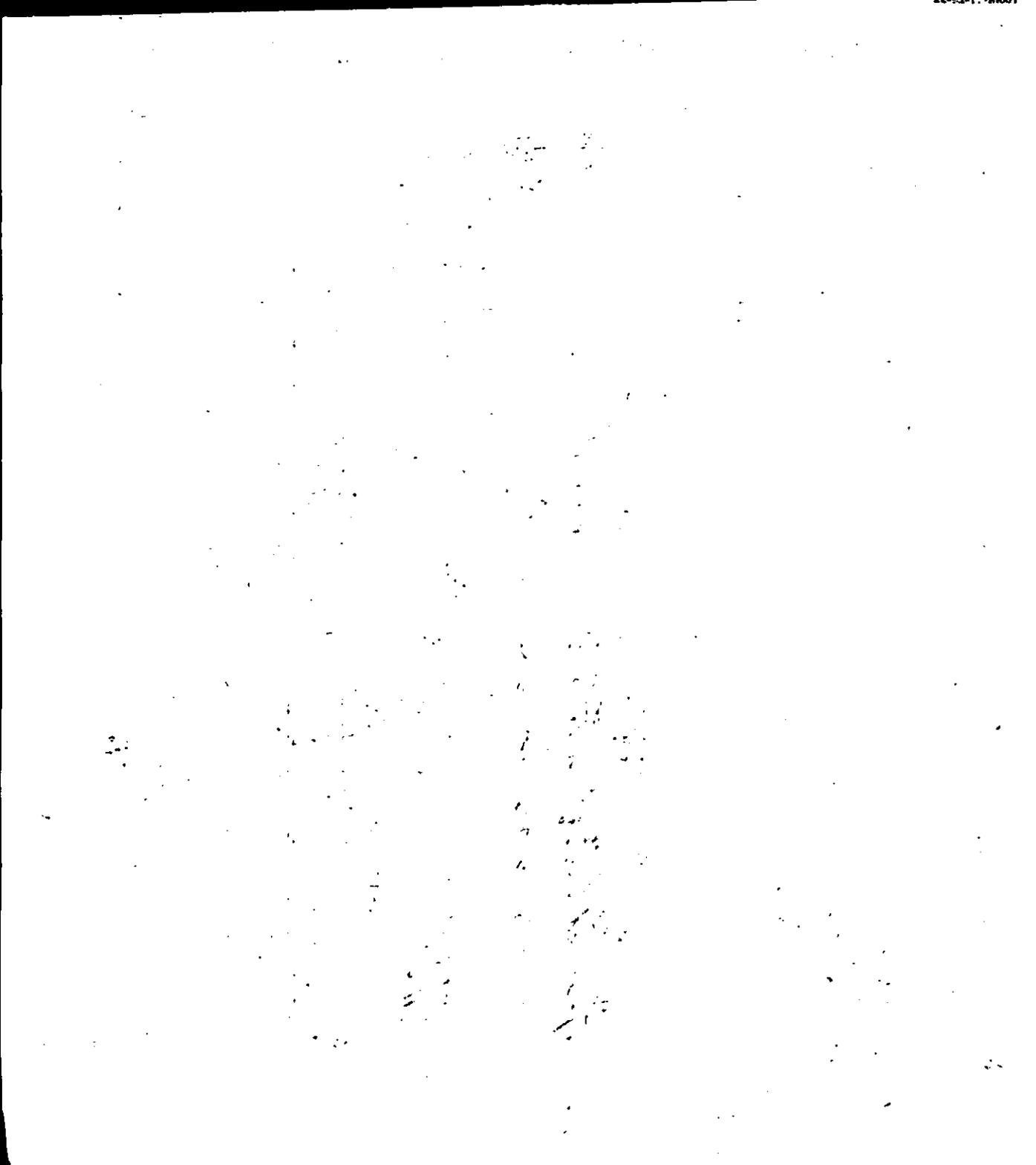
Manner of injury Fall
Nature of injury Inter-cranial hemorrhage

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

Signed Harold C. Kelly Registrar.
(Address) 5/14/34

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.



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.

MAY 23 1935

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City, St. Louis, City, Mo. (No. City Sanitarium St. Ward)

File No.
 Registered No. 8262

2. FULL NAME JOHN SHEEDY

(a) Residence, No. 3801 Shenandoah 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 65

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. attendant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Sanitarium
 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) Ireland

FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Louis H. Hobble 3700 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 8-14-34 19

19. UNDERTAKER Peetz Brothers (ADDRESS) 3029 Lafayette

20. FILED MAY 22 1935 J. J. Bredeck Registrar.
MAY 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12-34 19

22. I HEREBY CERTIFY, That I attended deceased from 3/27/34 19 to 8/11/34 19
 I last saw h. live alive on 8/11/34 19. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Laceration and intercranial haemorrhage (traumatic) due to fall to floor at City Sanitarium

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accident Date of injury 8-11 19 34
 Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)

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

Manner of injury fall
 Nature of injury intercranial hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Louis H. Hobble M. D.
 (Signed) Louis H. Hobble
 (Address) 3700 Arsenal

S-30976