

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.

NOV 13 1934

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

Do not use this space.

34802

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis, Mo. (No. St. Louis Children's Hospital St. Ward)
500 So. Kingshighway

File No.
Registered No. **9699**

2. FULL NAME

Agnese Sheridan
(a) Residence, No. 1318 Sunfield Pl. St. 21 Ward. (If nonresident, give city or town and State)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Chief

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Charley Sheridan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Wendee Sciacco

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) St. Louis, Mo. 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Anatomical Board DATE Sept 10, 1934

19. UNDERTAKER St. Louis Children's Hospital

20. FILED 11-13-34 J. Brebeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1934 to Sept 10, 1934

I last saw him alive on Sept 10, 1934 Death is said to have occurred on the date stated above, at 9:10 m.

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

Dysentery, acute Date of onset 9-7-34

Other contributory causes of importance Bronchopneumonia

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?..... 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. E. Kester, M. D.

(Address) 500 So. Kingshighway

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