

FEB 2 1 1935

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 791File No. 3509

Township

Primary Registration District No. 3Registered No. 816City St. Louis(No. St. Johns Hospital)St. 816

Ward

2. FULL NAME

Officer Harry J. Shea(a) Residence, No. 4861 Penrose St. 10 Ward.

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.

(If nonresident, give city or town and State)

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)

July 3 - 1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

50616

OCCUPATION

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

Police Officer

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

City of St. Louis

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 Missouri

FATHER

13. NAME

John J. Shea

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

St. Louis Missouri

MOTHER

15. MAIDEN NAME

Anna Ryan

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

St. Louis Missouri

17. INFORMANT (ADDRESS)

Dr. Charles Sandusky 5245-a Sutherland Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary Cemetery

DATE

1/23/35

19. UNDERTAKER (ADDRESS)

Arthur J. Donnelly 3840 Grand Blvd

20. FILED

JAN 22 1935

19

J. H. Brebeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

1/191935

22. I HEREBY CERTIFY, That I attended deceased from

Aug 15 1934 to Jan 19 1935I last saw him alive on July 19 1935 Death is said to have occurred on the date stated above, at 9:50 P.M.

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

Cancer of Rectum
Cancer of Bladder
Primarily in rectum.

Other contributory causes of importance:

Inanition

Date of onset

July 19341 mo.Name of operation Colostomy Date of 8/30/34What test confirmed diagnosis? Microscope 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? No

If so, specify

(Signed) John M. G. Deen M. D.(Address) 816 Michigan Blvd

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.

MAKING RESERVED FOR BIRDING

100M-11-24-33
V. SP. NO. 2

Dr Deen

2-4-18

Handwritten notes or signature