SEP 2 5 1935

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

Do not use this space.

28330

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 E — Registered No. 281

City (No. Mt. St. Rose Hospital St. Ward)

2. FULL NAME Margaret Sheehan

(a) Residence, No. 3965 Kennerly St., 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1887

7. AGE: YEARS 48 — MONTHS ? — DAYS ? — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): 1933
11. Total time (years) spent in this occupation: life

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

FATHER

13. NAME: Michael Buckly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Julia Murel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): John Sheehan 3965 Kennerly.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 8/12/35 19

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

20. FILED Aug 10 1935 G Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/10, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1935, to Aug 10, 1935
I last saw her alive on Aug 9, 1935. Death is said to have occurred on the date stated above, at 12:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perinephric abscess.	About
Gangrene of bladder.	Aug 1934.
Abscess of lung.	

Other contributory causes of importance:

Chronic pulmonary	Unknown
Tuberculosis	

Name of operation No Date of —
What test confirmed diagnosis? Urine 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? No
If so, specify
(Signed) John Wenne, M. D.
(Address) 9101 So Bdwy.

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.

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