

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.

JUL 27 1936

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

Do not use this space.

25093 ✓

**1. PLACE OF DEATH**  
 County St. Louis Registration District No. 1123  
 Township Carondelet Primary Registration District No. 6248 B  
 City St. Louis (No. R.R. 8, Box 69, Jeff. Bks., Mo. St. Jefferson Barracks, Mo. Ward 239)

**2. FULL NAME** Mary J. Sheils  
 (a) Residence, No. R.R. 8, Box 69 St. Jefferson Barracks, Mo.  
 (Usual place of abode) (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** Widowed  
 (write the word)  
**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF (OR) WIFE OF Stanley Sheils  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** August 13, 1856  
**7. AGE** YEARS 79 MONTHS 10 DAYS 10  
 IF LESS than 1 day, ..... hrs. or ..... min.  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** At home  
**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)** Belgium  
**FATHER**  
**13. NAME** Zerag Hennenberg  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Belgium  
**MOTHER**  
**15. MAIDEN NAME**  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Belgium  
**17. INFORMANT (ADDRESS)** Joseph Reznicek R.R. 8/Box 69 Jefferson Bks, Mo.  
**18. BURIAL, CREMATION, OR REMOVAL PLACE** Mt Olive Cemetery DATE June 25, 1936  
**19. UNDERTAKER (ADDRESS)** C. Hoffmeister Undr L Co. 7814 So. Blway, St. Louis, Mo.  
**20. FILED** June 24, 1936 A. Mowrey Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** June 23, 1936  
**22. I HEREBY CERTIFY, That I attended deceased from** JANUARY 31, 1936, to JUNE 23, 1936  
 I last saw him alive on JUNE 22, 1936. Death is said to have occurred on the date stated above, at 6:34 a.m.  
 The principal cause of death and related causes of importance were as follows:  
CHRONIC MYOCARDITIS Date of onset YRS.  
ARTERIO-SCLEROSIS "  
WITH HYPERTENSION  
CHRONIC NEPHRITIS 131  
 Other contributory causes of importance: OVARIAN CYST (large-pedunculated)  
 Name of operation Clinical Date of No.  
 What test confirmed diagnosis? Clinical Was there an autopsy? No.  
**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 George A. O'Sullivan M. D.  
 (Signed) H. W. Schirmer  
 (Address) \_\_\_\_\_

Case 1-10-10  
1-10-10  
1-10-10

7-7-10