

3 OCT 5 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis(No. Firmin Desloge Hospital)

St. Ward)

791
1003

File No.....

35720

Registered No.....

9339

2. FULL NAME

Marie Shea(a) Residence, No. 3011 Lemp Ave St. 24 Ward.

(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 (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFJoe Shea

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

May 11th 1895

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

41328

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.....SALES Lady9. 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)Austria

FATHER

13. NAME

JAKE THOMAN14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Austria

MOTHER

15. MAIDEN NAME

Beatrice J16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Austria17. INFORMANT
(ADDRESS)Anton Thoman
4312 PAPER St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

SE PETER PAUL DATE Sept. 11th 3619. UNDERTAKER
(ADDRESS)A. W. McLaughlin
2301 1/2 1st St

20. FILED

9 1936

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 8 1936I HEREBY CERTIFY, That I attended deceased from
August - 20 1936 to Sept - 8 1936I last saw her alive on Sept - 8 1936 Death is saidto have occurred on the date stated above, at 8:00 p.m.

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

Glomerular Nephritis Date of onset
1932

Other contributory causes of importance:

Ac. Fibrous Pericarditis Sept - 1
36

Name of operation

None

Date of

None

What test confirmed diagnosis?

AutopsyWas there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None

Date of injury

None

Where did injury occur?

None

(Specify city or town, county, and State)

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

Manner of injury

None

Nature of injury

None24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) G. O. Brown, M. D.(Address) 1325 S. Grand

