

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.

DEC 3 1936

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

Do not use this space.

42705

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No. **1003**  
City St. Louis Mo. (No. ...., Mo. Pac. Hospital St. .... Ward)

791

File No.....  
Registered No. **11213**  
St. .... Ward)

2. FULL NAME Thomas F. Shea

(a) Residence, No. 3827 Utah St. St. 16 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 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) April 7, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 7 3

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

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

10. Date deceased last worked at this occupation (month and year) 11 - 9 - 36 11. Total time (years) spent in this occupation 30

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

13. NAME Thomas Shea

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

15. MAIDEN NAME Maria Kelly

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

17. INFORMANT Mary Shea (ADDRESS) 3827 Utah

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov. 13, 36

19. UNDERTAKER (ADDRESS) Cullen Kelly  
1716 N. Taylor ave

20. FILE NO. NOV 11 1936 J. B. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19...... Death is said to have occurred on the date stated above, at..... m.

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

Local Pneumonia  
Chronic Myocarditis  
Chronic Interstitial Nephritis

Date of onset

Other contributory causes of importance:

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) J. B. Biedeck, M. D.

(Address) 1716 N. Taylor Ave

11/11/36

