

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township St. Louis
City Missouri, (No. 3626a Hebert St.)

Registration District No. 791
1003
Primary Registration District No. 3626a Hebert St.

File No. 25755
Registered No. 6929 St. _____ Ward _____

2. FULL NAME Thomas J Shea.

(a) Residence, No. 3626a Hebert St. St. 10 Ward _____
(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. (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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Burns,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 23 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
3 70 4 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
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) St. Louis Missouri13. NAME Thomas Shea14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Mary Shea16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Elmer Shea 3626a Hebert st18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 7 21 193719. UNDERTAKER Sullivan 2849 N Euclid ave20. FILED JUL 20 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18th 193722. I HEREBY CERTIFY That I attended deceased from Dec 11th 1935, to July 18th 1937I last saw him alive on July 17th 1937 Death is said to have occurred on the date stated above, at 7:30 P.m.

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

Date of onset

Neuragic-lymphatic
Endothelioma of the
Spinal dura mater,
(lumbar region) Dec 1935

Other contributory causes of importance:

Name of operation Decompression lumbar spine Date of March 1935What test confirmed diagnosis? Microscopic studies 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.

24. Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify _____ (Signed) Thomas Henton M. D.(Address) 2243 N Grand

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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