AUG 30 1937

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

Do not use this space.

28293

File No.
Registered No. 100

1. PLACE OF DEATH
County St. Louis
Township Bonhomme
City (No. Manchester Nursing Home St. Ward)

Registration District No. 785
Primary Registration District No. 6031

2. FULL NAME Daniel J. Sheehan,
(a) Residence, No. Manchester Mo. St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse Shoer
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 Mo.

FATHER
13. NAME Daniel Sheehan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Catherine Finnegan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Elizabeth Joyce
(ADDRESS) 4673a Pope Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE July 31, 1937

19. UNDERTAKER Cullinane Bros.
(ADDRESS) 1710 N. Grand Blvd.

20. FILED 7-30 1929 Agnes C. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to July 29, 1937
I last saw him alive on July 28, 1937 Death is said to have occurred on the date stated above, at 1:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis (Heart block)	
Other contributory causes of importance:	
Arteriosclerosis	
Hemiplegia	1933

Name of operation none Date of
What test confirmed diagnosis? Physical 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) B. R. Loving, M. D.
(Address) Ballwin, Mo.

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.