

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.

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

32953

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 791
(b) Township St. Louis Mo Primary Registration District No. 1008
(c) City St. Louis Mo (d) Street No. 2908 Hadley Registered No. 9007
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2908 Hadley Ave St. 26
(Usual place of abode, if no street address, write county or city) (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 Husband of Ollie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1879
7. AGE YEARS 58 MONTHS 3 DAYS 26 If LESS than 1 day, hrs. min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri
13. NAME Mike Sheehan
14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)
15. MAIDEN NAME Nellie O'Mally
16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)
17. INFORMANT Ollie Sheehan (ADDRESS) 2908 Hadley Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Woodlark DATE Sept. 27, 1937
19. FUNERAL DIRECTOR A. B. McLaughlin (ADDRESS) 2301 Lafayette Ave.
20. FILED SEP 27 1937 J. H. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23 1937
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:15 P m.
The principal cause of death and related causes of importance were as follows:
Primary Thrombosis Date of onset
g4b
Other contributory causes of importance:
arterio sclerosis
chr. adrena venous
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 See above
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Alfred G. Perry M. D.
(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, David C. Gibson, Licensed Embalmer No. 3454
hereby certify that the body recorded on the reverse side of this certificate was embalmed by D.C. Gibson
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson
Licensed Embalmer No. 3454

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)