

FEB 12 1938

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

Do not use this space.

286

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St Louis** (No. **4352 Desoto Ave**) St. Ward)

File No.
Registered No. **142**

2. FULL NAME **Julia Ann, Shanahan 550**

(a) Residence, No. **4352 Desoto Ave** St. **9** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Child**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 17 Th 1934**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 ----- **8** ----- **17** -----

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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** **0**

13. NAME **Edward J. Shanahan** **0**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis** **0**

15. MAIDEN NAME **Julia Buechler**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis**

17. INFORMANT **Julia Shanahan** (ADDRESS) **4352 Desoto Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **Jan, 6 Th 1938**

19. UNDERTAKER **Edward Koch** (ADDRESS) **3516 N 14th St**

20. FILED **JAN 5 1938** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-4** .19**38**

22. I HEREBY CERTIFY, That I attended deceased from **1 3** to **4 38**

I last saw **her** alive on **1-3 1938** Death is said to have occurred on the date stated above, at **11** m.
The principal cause of death and related causes of importance were as follows:

Pneumonia followed measles Date of onset **1 2 38**

Other contributory causes of importance: **7**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) **Paul S. J. J. J.** M. D.
(Address) **1878 Madison**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

admission
to the school

admission to the school

admission to the school

admission to the school

admission to the school

admission to the school
back
signed

admission to the school