

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

8637
Do not use this space.

1. PLACE OF DEATH **REC'D ADD 1 1938**

(a) County Registration District No. **791**

(b) Township Primary Registration District No. **1003**

(c) City **St. Louis** (d) Street No. **DePaul Hospital** St. **200**
(If death occurred in Hospital or Institution, write its name instead of street and number)

(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 **Stillborn Infant Of James & Dorthy O'Shea 200**

(a) Residence, No. **2605 Alfred Ave** St. **17** (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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4th 1938		
7. AGE YEARS	MONTHS	DAYS
Stillborn		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as 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) St Louis (STATE OR COUNTRY) Missouri		
FATHER	13. NAME James O'Shea	
	14. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Missouri	
MOTHER	15. MAIDEN NAME Dorthy Holmes	
	16. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Missouri	
17. INFORMANT James O'Shea (ADDRESS) 2605 Alfred Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE March 5th 38		
19. FUNERAL DIRECTOR Stroot - Carroll (ADDRESS) 4600 Natural Bridge Ave		
20. FINDER 5 1938 J. B. Breda		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 4th 1938**

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 **5.37a** m.

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

Stillbirth

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) **John G. M. Finley**, M. D.
 (Address) **5014 Thekla Ave**

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed *J. H. Thost*

Licensed Embalmer No. *2265*

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.)