

REC'D MAY 10 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

12913

Do not use this space.

3517

## 1. PLACE OF DEATH

(a) County .....

(b) Township .....

(c) City ST. LOUISRegistration District No. 791Primary Registration District No. 1003(d) Street No. 2330 A HICKORY ST. St. \_\_\_\_\_

(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 EMMA E. SHEA 000(a) Residence, No. 2330 A Hickory St. St. 22 (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF JOHN SHEA  
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 3 - 18697. AGE YEARS 68 MONTHS 8 DAYS 10 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. HOUSEKEEPER  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI 0FATHER 13. NAME CHRISTOPHER FRANK 614. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 6MOTHER 15. MAIDEN NAME ELLEN HARTNER16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY17. INFORMANT (ADDRESS) JOHN SHEA  
2330 A HICKORY18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEN. DATE APR 15, 193819. FUNERAL DIRECTOR (ADDRESS) E. J. Schurr  
2125 Lafayette20. FILED APR 15 1938 J. D. Brueck Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 13 193822. I HEREBY CERTIFY that I attended deceased from Feb 1 1938, to March 13 1938I last saw her alive on April 13 1938 Death is saidto have occurred on the date stated above, at 2 P. M.

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

Chronic myocarditis

Date of onset

do not know

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? no

If so, specify \_\_\_\_\_

(Signed) James M. Hawen, M. D.(Address) 2025 S. Jefferson

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, Joseph Kollmer, Licensed Embalmer No. 4014  
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 Joseph Kollmer  
Licensed Embalmer No. 4014

**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.)**