

REC'D MAY 10 1938

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

13254
Do not use this space.

791
1003

Registered No. 3858

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, Mo. (d) Street No. 3927 Shreve Ave. 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 Ida Sheehany 500

(a) Residence, No. 3927 Shreve Ave. St. 7 (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Sheehany
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3rd, 1873
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 7 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Housework
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) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Chas. Stretebing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Louise Wedig
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mr. Frank Sheehan
3927 Shreve Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE April 27, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Reider, M.C.
1417 N. Market St.

20. FILE APR 26 1938 J. D. Bredich
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1933 to Apr 24, 1938
I last saw him alive on Apr 23, 1938 Death is said to have occurred on the date stated above, at 1250 A
The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic
665
Date of onset
Other contributory causes of importance:
Arterio Sclerosis

Name of operation Date of
What test confirmed diagnosis? Micro 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify
(Signed) J. D. Bredich M.D.
(Address) 517-26 Beaumont

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.

3730 Washington St
St 1800

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed John P. Buchholz
Licensed Embalmer No. 1674

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.