

REC'D MAY 10 1938

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

13359

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1038**
(c) City **St. Louis** (d) Street No. **Deaconess Hosp.** 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.

Registered No. **3963**2. PRINT FULL NAME **Alphonsus Sharkey 620**

(a) Residence, No. **1209 Claytonia Tr.** St. **KA** **Rel. Hts. Mo.**
(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) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 3 1864**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 8 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Machinist**
9. Industry or business in which work was done, as saw mill, bank, etc. **Fulton Iron Wks.**
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.**13. NAME **John Sharkey**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**15. MAIDEN NAME **Mary Fagan**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**17. INFORMANT (ADDRESS) **Mrs. Mary Britton**
1209 Claytonia Tr.18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **4-29-38**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Kriegshauser**
4228 S. Kingshighway Blvd.20. FILED **APR 28 1938** **J. D. Budick** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-26-38** 19

22. I HEREBY CERTIFY, That I attended deceased from **4/25**, 19**38** to **4-26**, 19**38**
I last saw him alive on **4-26**, 19**38** Death is said to have occurred on the date stated above, at **10:45 P.M.**
The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage Date of onset **4/25/38**
none

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? **Physical exam**

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 **Ed Edwards**
(Signed) **H 214 Shaw Blvd**
(Address)

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,

Edwin D. McDermott....., or by

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

Signed Edwin D. McDermott.....

Licensed Embalmer No. 3024.....

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.