

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.

1047 Wald ave
REC'D JUL 9 1938
Col - 4767

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

16344
Do not use this space.

791
1003

4205

1. PLACE OF DEATH
 (a) County 1 Registration District No. 1
 (b) Township St. Louis Primary Registration District No. St. Louis
 (c) City St. Louis (d) Street No. 4824 1/2 St. Louis ave St. St. Louis
 (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 MICHAEL S. HEA OOD
 (a) Residence, No. 4824 1/2 St. Louis ave St. 6
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED MARRIED OF (OR) WIFE OF Michael Shea deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 - 1863

7. AGE YEARS 74 MONTHS 4 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) Missouri

13. NAME August B Gaddis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elizabeth - Lamb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Miss Mary Shea
(ADDRESS) 4824 1/2 St. Louis ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 9 1938

19. FUNERAL DIRECTOR Edw. H. Hayward & Son
(ADDRESS) 4212 St. Louis ave

20. FILED MAY - 7 1938 J. B. Bredeck
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1938, to May 6, 1938
 I last saw him alive on May 6, 1938. Death is said to have occurred on the date stated above, at 9:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
 Other contributory causes of importance:
Ch. Hypertension
Ch. Interstitial Nephritis

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) Aloysius A. Healy, M. D.
 (Address) 13901 W. F. Boulevard

STATEMENT BY LICENSED EMBALMER

I, Edward J. Howard, Licensed Embalmer No. 1443

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 Edw. J. Howard

Licensed Embalmer No. 1443

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.)