

DEC JAN 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1008

40957  
Do not use this space.

Registered No. 10649

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis (d) Street No. 2209 Hebert 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 <sup>432</sup> Mary Shields.

(a) Residence, No. 2209 Hebert Street. St. 20 (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) Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 4 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.  
 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) Ireland. (STATE OR COUNTRY)

13. NAME Patrick Shields.

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

15. MAIDEN NAME Eleonora Hannon.

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

17. INFORMANT (ADDRESS) SISTER JEAN  
2209 HEBERT ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 12-12-38

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly. (ADDRESS) 3840 Lindell Blvd.

20. FILED DEC 11 1938 J. P. Beedick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1938 to Dec. 9, 1938

I last saw her alive on Dec. 9, 1938 Death is said to have occurred on the date stated above, at 11:15 P. m.

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

Chronic Parenchymatous Nephritis

Date of onset

Other contributory causes of importance:

Name of operation None Date of .....  
 What test confirmed diagnosis? Chemical 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) Anthony A. Prekaski, M. D.  
 (Address) 1525a Cass Ave.

WHITE PLAINITY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

EMERALD ...  
...  
... STATE ...

**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 *Alfred J. Bredeton* .....

Licensed Embalmer No. *2663* .....

P. O. Address *4204 Prairie* .....

**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.**