REC'D FEB 10 1939

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

487
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... 2 Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 487
(c) City ..... (d) Street No. 3801 Shenandoah 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 3801 NORA SHEEDY
(a) Residence, No. 3801 SHENANDOAH AVE. St. 17
(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: 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: XXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JULY 4, 1880

7. AGE: YEARS 58 | MONTHS 6 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ATTENDANT
9. Industry or business in which work was done, as saw mill, bank, etc. CITY SANITARIUM
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): IRELAND 5

FATHER
13. NAME: THOMAS SHEEDY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): IRELAND 5

MOTHER
15. MAIDEN NAME: BRIDGET CAHILL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): IRELAND

17. INFORMANT (ADDRESS): MRS. JOHN DRONEY 3801 Shenandoah Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: Jan 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Peetz Bros. 3029 LAFAYETTE AVE.

20. FILED JAN 16 1939 19 J. F. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JAN. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1939, to Jan 14, 1939
I last saw her alive on Jan 14, 1939. Death is said to have occurred on the date stated above, at 7.07 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chr. with myocardial degeneration	about 1920

Other contributory causes of importance:
arteriosclerosis general

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical 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) C. H. Bockelman, M. D.
(Address) 8900 Powell Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.

I X14028

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 Frank J. Dwane

Licensed Embalmer No. 2245

P. O. Address St. Louis Mo.

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.