

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-7-20-37 I 121004

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.

REC'D JUN 12 1939

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

16818  
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. \_\_\_\_\_

(b) Township St Louis Mo Primary Registration District No. \_\_\_\_\_ Registered No. 4352

(c) City St Louis Mo Street No. 4230 Russell Blvd \_\_\_\_\_ 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 Kate Sheeran

(a) Residence, No. 4230 Russell Blvd St. 17 (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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James P Sheeran

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-29-1875

7. AGE YEARS 63 MONTHS 6 DAYS 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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) Ireland 5

FATHER

13. NAME John Merriman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER

15. MAIDEN NAME Mary Merriman

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

17. INFORMANT Thomas Sheeran  
(ADDRESS) 4230 Russell Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 5/11/39

19. FUNERAL DIRECTOR Sullivan  
(ADDRESS) 2849 No Euclid

20. FILE MAY 10 1939 J.P. Brubaker  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8th 1899

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1935 to May 8th 1899.  
I last saw him alive on Jan 15th 1939. Death is said to have occurred on the date stated above, at 9:10 P m.  
The principal cause of death and related causes of importance were as follows:  
Arterio Sclerosis  
Coronary Sclerosis  
Other contributory causes of importance:  
O.K. Lungs  
5/11/39

Date of onset 6/1/35  
11/139

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) J. Gallagher M. D.  
(Address) Wall Blvd 3903 Blue

**STATEMENT BY LICENSED EMBALMER**

I, Albert Mayfield, Licensed Embalmer No. 3077

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 Albert Mayfield

Licensed Embalmer No. 3077

**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.)**