

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38201

Registration District No. 791

Primary Registration District No.

Registrar's No. 10040

1. PLACE OF DEATH: 1008
 (a) County: St. Louis
 (b) City or town: St. Louis
 (c) Name of hospital or institution: De Paul Hospital
 (d) Length of stay: In hospital or institution.
 In this community: (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Edward P. Sheehan 57
 3. (b) If veteran, name war.
 3. (c) Social Security No. 493-05-7965

4. Sex: Male
 5. Color or race: White
 6. (a) Single, widowed, married, divorced: Married
 6. (b) Name of husband or wife: Katherine Sheehan
 6. (c) Age of husband or wife if alive: 46 years
 7. Birth date of deceased: November 24 1880
 (Month) (Day) (Year)

8. AGE: Years 55 50 Months 11 Days 29 If less than one day hr. min.

9. Birthplace: St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation: Superintendent Riddle Casket Co.

11. Industry or business: Patrick Sheehan

12. Name: Patrick Sheehan

13. Birthplace: Ireland
 (State or foreign country)

14. Maiden name: Bridget King
 (City, town, or county) (State or foreign country)

15. Birthplace: Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Katherine Sheehan
 (b) Address: 4021 St. Louis Ave

17. (a) Burial, cremation, or removal: Burial
 (b) Date thereof: 11-25-39
 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Cullinane Bros.
 (b) Address: 1710 N. Grand Blvd.

19. (a) NOV 24 1939 (Date received local registrar)
 (b) J. P. Bradeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: 1
 (c) City or town: St. Louis 10
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 4021 St. Louis Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22 year 1939 hour 10 minute 30 A. M.
 21. I hereby certify that I attended the deceased from Nov. 19 1939 to Nov. 22 1939 that I last saw him alive on Nov. 22 1939 and that death occurred on the date and hour stated above.

Immediate cause of death: acute myocarditis
 Due to: angina pectoris
 Duration: 3 days
 Due to: 3 yrs

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy:

PHYSICIAN
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work: (Specify type of place) Means of injury:
 23. Signature: Doctor Bradeck (M.D. or other) M.D.
 Address: 7707 University Date signed: 11/24/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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.....

Fred Frick

Licensed Embalmer No. *3186*

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.