

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.

RECORDED AUG 25 1940

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

Do not use this space.

23188

1. PLACE OF DEATH

County

Township

City

St. Louis, Mo

2
0

Registration District No.

Primary Registration District No.

(No.)

2649 Eads Ave

791

1003

File No.

Registered No.

St.

5633

Ward)

2. FULL NAME

(a) Residence No.

(Usual place of abode)

Length of residence in city or town where death occurred

1 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

(If nonresident, give city or town and State)

yrs.

mos.

ds.

James Patrick Shea (D.M.)

2649 Eads Avenue St. 23 Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Widowed

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

Nannie Shee (see bill)

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

July 19 - 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hra. ormin.

81

11

13

~~14~~

OCCUPATION

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

Stone-cutter

9. Industry or business in which work was done, as silk mill, 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)

Pancatuck Connecticut 1

13. NAME

Patrick Shea 9

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

not known 9

15. MAIDEN NAME

Julia Burke

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

not known

17. INFORMANT

(ADDRESS)

Miss Lucy Kidd 2649 Eads Ave St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Middlebrook, Mo DATE July 5 1940

19. UNDERTAKER

(ADDRESS)

Ricke - Richardson Bronton, Missouri

20. FILED

JUL

2 1940

J. B. Brudick Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 2 1940

22. I HEREBY CERTIFY That I attended deceased from

June 30 to July 1 1940

last saw him alive on July 1 1940 Death is said

to have occurred on the date stated above, at 3:30 a.m.

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

Apoplexy (Cerebral) Date of onset

arterial hypertension

Other contributory causes of importance:

Name of operation

none

Date of

no

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)

E. M. Adams M. D.

(Address)

3012 Lafayette

This Body embalmed by.

Paul H. Dugal
Licensed Embalmer (Mo.) 4120
Farmington, Missouri