No. 2
1-10-39
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X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1005

State File No. 33636

Registration District No. 791 NOV 16 1940

Primary Registration District No.

Registrar's No. 8333

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Weeks (Specify whether
In this community 10 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 3643 Cote Brilliante Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Life years.

3. (a) PRINT FULL NAME Sophie Eliz D Sheehan

3. (b) If veteran, name war None

3. (c) Social Security No. 489-07-4534

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Feb 29th. 1908
(Month) (Day) (Year)

8. AGE: Years 32 Months 07 Days 6 If less than one day hr. min.

9. Birthplace German Town Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Telephone Operator

11. Industry or business Western Union Office

FATHER
12. Name Henry Dulle
13. Birthplace Ill
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Rickhoff
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant James Sheehan
(b) Address 3643 Cote Brilliante Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/8/40
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral director Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd.

19. (a) OCT 7 1940 (Date received local registrar) (b) J F Burdeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5th.
year 1940 hour 12:45 AM minute M.

21. I hereby certify that I attended the deceased from 1934, 19 to Oct. 4, 1940
that I last saw her alive on Oct. 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma of lungs

Due to Primary carcinoma of left breast

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Squamous cell carcinoma of left breast.
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J B Barger (M. D. or other)
Address 607 N. Grand Date signed 10/5/40

(Licensed Embalmer's Statement on Reverse Side).

Dr Barber
60 71 Grand

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 Homer N. Fritz

Licensed Embalmer No. 3882

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.