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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 20008

Primary Registration District No. 1003

Registrar's No. 5680

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: Alexian Bros. Hospt. D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Illinois (b) County

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

(d) Street No. 332 a N. 7th
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

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3. (a) PRINT FULL NAME Francis William Sheehan

3. (b) If veteran, name war

3. (c) Social Security No. 333-01-8569

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ——————

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

7. Birth date of deceased August (Month) 25 (Day) 1903 (Year)

8. AGE: Years 38 Months 10 Days 6 If less than one day hr. min.

9. Birthplace East St. Louis, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Steam fitter

11. Industry or business

FATHER
12. Name William Sheehan
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Catherine Smith
15. Birthplace Cork, (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Nellie Dougherty
(b) Address 332a N. 7th, E. St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel Cem., Belleville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JUL 2 1942 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

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**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 30 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from June 27, 1942, to June 30, 1942, that I last saw him alive on June 30, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Atypical Lobar Rt. lower lobe

Due to Biliary Cirrhosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations no operation

Of autopsy no.

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 G. Hayden (M. D. ~~or other~~)

Address 5999 Delmar Date signed 7-1-42

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

Licensed Embalmer No. 2971

P. O. Address.....

**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, fact should be so stated above.**