. S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8787

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2102

MAR 20 1943

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: 622 N. Union (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000 17

(c) City or town ST. LOUIS 91 (If outside city or town limits, write "RURAL")

(d) Street No. 622 N. UNION BL. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM H. SHEA

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JOSEPHINE STILES

6. (c) Age of ~~husband~~ or wife if alive 58 years

7. Birth date of deceased APRIL (Month) 28 (Day) 1885 (Year)

8. AGE: Years 57 Months 10 ~~8~~ Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) MOO (State or foreign country)

10. Usual occupation DENTIST.

11. Industry or business

FATHER
12. Name Wm. SHEA
13. Birthplace (City, town, or county) MOO (State or foreign country)

MOTHER
14. Maiden name MOLLIE REARDON
15. Birthplace (City, town, or county) MASS. (State or foreign country)

16. (a) Informant Mrs Josephine Shea

(b) Address 1432 N. Taylor

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof 3 (Month) 5 (Day) 43 (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director L. Mullen Und Co

(b) Address 5165 Delmar Bl.

19. (a) MAR 4 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3 year 1943 hour 1 minute 45 A.M.

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

Immediate cause of death 1st-2nd-3rd° Burns of face, Arms & Chest; as a result of a fire in his house of undetermined Origin Mar 3rd 1943 about 1:45 AM

Due to

Other conditions Damage to Bldg $200.00 contents $100.00 (Include pregnancy within 3 months of death)

Major findings:
Of operations

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) accident 000

(b) Date of occurrence Mar. 3 — 43

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1 Home (Specify type of place)

While at work? no (e) Means of injury fire

23. Signature Alfred J. Perry (M. D. or other)

Address Deputy Coroner Date signed 3/4/43

(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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.