

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

FILED JUN 14 1943 818

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution:
3500 South Broadway
(d) Length of stay: In hospital or institution.....
(Specify whether

In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town..... Jefferson Barracks
(d) Street No.....
(e) Citizen of foreign country?..... No
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 nd.
year 1943 hour 8 minute 25 A. M.

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

Immediate cause of death.....
Due to.....
Due to.....

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....
23. Signature.....
Address..... Date signed 6/5/43

3. (a) PRINT FULL NAME William Sheehan

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or Race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 27 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 1 5 hr. min.

9. Birthplace Troy New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business.....

MOTHER FATHER
12. Name John Sheehan
13. Birthplace Unknown Ireland
14. Maiden name Ellen Blake
15. Birthplace Unknown Ireland

16. (a) Informant William Sheehan
(b) Address 7131 Alabama Ave.

17. (a) Burial Burial (b) Date thereof June 4, 1943
(c) Place: burial or cremation St. Pauls Ch. Yard

18. (a) Signature of funeral director James Healy & Co
(b) Address 3634 Gravois Ave.

19. (a) JUN 1 1943 (b) J. J. Bessick
(Date local registration) (Registrar's signature)

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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. *2645*

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.