S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1944

Registration District No. 379

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 19163

Registrar's No. 1112

1. PLACE OF DEATH:
(a) County St Louis County
(b) City or town Clayton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days. (Specify whether
In this community 14 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 7626 National Bridge Rd.
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Shea, Julia

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar-20-1864 (Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 20 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name John Shea
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Mary Sullivan
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Self
(b) Address 7626 National Bridge.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 7267 Nat. Bridge

19. (a) MAY 16 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1944 hour 7:40 minute Am. A.M.

21. I hereby certify that I attended the deceased from 4-22-44, 1944 to 5-15, 1944 that I last saw her alive on 5-15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of femur, intertrochanteric — Duration: 3 wks.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death): Bronchopneumonia

Myocardial failure

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) Accident
(b) Date of occurrence 4-21-44
(c) Where did injury occur? 7626 National Bridge (City or town) St. Louis (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? — (e) Means of injury Fall

23. Signature James G. Owen, M.D. (M.D. or other)
Address 601 Rantoul Blvd. Date signed 5-16

(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 Clement McNeary

Licensed Embalmer No. 3732

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.