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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29784

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8268

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4208 Clarence Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4208 Clarence Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bridget Sheridan
3. (b) If veteran, name war None
3. (c) Social Security No. None
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 Feb. 1st., 1869 (Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 26 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name James Sheridan
13. Birthplace (City, town, or county) Ireland (State or foreign country)
MOTHER 14. Maiden name Catherine McCormack
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Mrs. Statia Cuddihee
(b) Address 4208 Clarence Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) SEP 28 1944 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27th., year 1944 hour 1 minute a. M.
21. I hereby certify that I attended the deceased from Sept. 18, 1944 to Sept. 27, 1944 that I last saw her alive on Sept. 25, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration 8 da. or more
Due to
Due to Chronic Endo-Indep. Carditis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None
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) None
(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 R. J. Riglin M.D. (M. D. or other)
Address 4158 Newstead Date signed 9/

(Licensed Embalmer's Statement on Reverse Side)

4158 N.Newstead Ave.
9-10

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.