

FILED DEC 12 1945
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Anthony Hospital
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5008 Chippewa st.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Evelyn Sheehan

3. (b) If veteran, name war no 3. (c) Social Security No. 493-20-1308

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter J. Sheehan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 30 1898
(Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 0
If less than one day hr. _____ min. _____

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

10. Usual occupation Clerk

11. Industry or business Stix, Baer

MOTHER FATHER
12. Name Harley C. Clark
13. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Clara Moeslein
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Walter J. Sheehan

(b) Address 5008 Chippewa st.

17. (a) Burial (b) Date thereof Dec. 3, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope cemetery

18. (a) Signature of funeral director C. Hoffmeister: Colonial

(b) Address 704 1/2 Chippewa st.

19. (a) DEC 3 1945 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30
year 1945 hour 8 minute 27 P.M.

21. I hereby certify that I attended the deceased from Sept 10 1945 to Nov 30 1945
that I last saw her alive on Nov 30 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis
Due to Carcinoma of the lung

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Primary carcinoma of the lung
Of operations None
Of autopsy a shave

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) _____
(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? _____

Mortuary None (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature J. F. Budeck (M.D. or other) JD
Address 3606 Grand Date signed Dec 3, 1945

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

20
17
9

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 *Lewis C. Hoffmeister*

Licensed Embalmer No. *5871*

P. O. Address *7814 S. Broadway*

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.