

S. No. 2  
M-2.43  
5-17-39  
X35857

#18665  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18900

State File No. \_\_\_\_\_

FILED MAY 18 1948

Registration District No. 918 Primary Registration District No. \_\_\_\_\_ Registrar's No. 4291

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri.  
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Spartan's Win  
(c) City or town Spartan Mo  
(d) Street No. 1121 Dolman St  
(e) Citizen of foreign country? yes

3. (a) PRINT FULL NAME ANN SHERIDAN  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 12th year 1946 hour 8:40 minute \_\_\_\_\_ A. M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from 5/11/46 to 5/12/46 and that death occurred on the date and hour stated above.

7. Birth date of deceased ent known  
8. AGE: Years abt 62 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Central Vascular accident - Thrombosis  
Due to arterio sclerosis

9. Birthplace St Louis Mo  
10. Usual occupation at home

Other conditions \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Part Sheridan  
13. Birthplace Ireland  
14. Maiden name Mary Ann O'Connell  
15. Birthplace Ireland

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? \_\_\_\_\_

16. (a) Informant Mary Sheridan  
(b) Address 1121 Dolman  
17. (a) Calvary (b) Date thereof May 15  
(c) Place: burial or cremation Calvary  
18. (a) Signature of funeral director Jos. J. Brady  
(b) Address MAY 13 1949  
19. (a) J. J. Braedek (b) \_\_\_\_\_

23. Signature Robert E. [Signature] Date signed 5/13/46  
Address \_\_\_\_\_

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

17778

**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 Ronald Zahler  
Licensed Embalmer No. 3917  
P. O. Address Sherrin

**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.**