

FILED JUN 20 1946

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5108

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff Memorial
(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 Missouri (b) County 080
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4043 Pleasant
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

NELLIE SHERIDAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Sept. 14th 1886
(Month) (Day) (Year)

8. AGE: Years 60 59 Months 7 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Sheridan

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Sheridan

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Josie Sheridan

(b) Address 4310 Penrose

17. (a) Burial (b) Date thereof 6/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Funeral Dir
(b) Address 2849 N. Euclid Ave.,

19. (a) JUN 7 1946 (Date received local registrar)
J. F. Bueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th
year 1946 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from 5/28/46
_____ 19____, to June 6th 19____
that I last saw her alive on June 6th 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Arteriosclerotic heart disease
Due to Arteriosclerosis

Due to _____
Other conditions (include pregnancy within 3 months of death) 4/8

Major findings: Of operations _____
Of autopsy as above

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? _____

While at work _____ (Specify type of work)
(c) Means of injury _____
23. Signature Robert E. Schuch 1315 Lafayette (City or town) (Date signed) _____

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

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 Robert L. Brubaker

Licensed Embalmer No. 9553

P. O. Address.....

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.