No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 9 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15644

Registration District No. #69084 318 Primary Registration District No. 1003 Registrar's No. 308

1. PLACE OF DEATH:

(a) County

(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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County —

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 13th + DeMAR-Lehman Hotel Memorial
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MATTHEW SHEEHAN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased March 4 (Month) 1875 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	0	21	hr. min.

9. Birthplace Jacksonville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation MAINTENANCE

11. Industry or business

FATHER 12. Name MATTHEW SHEEHAN

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

MOTHER 14. Maiden name MARY SHEA

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

16. (a) Informant HAROLD SHEEHAN

(b) Address BERKELEY, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/28/47 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Shinle Funeral Home

(b) Address Ferguson, Mo.

19. (a) APR 28 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th year 1947 hour 3:00 minute P M.

21. I hereby certify that I attended the deceased from 4/25/47, 19 to April 25th, 1947 that I last saw him alive on April 25th, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Pyelonephritis non-calculous	3 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

(f) Signature Alex C. Koch (M. D. or other)

Address 1515 Lafayette Date signed 4/28/47

Jefferson City Printing Co. (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 Larry M. Shlute

Licensed Embalmer No. 3973

P. O. Address Ferguson, Mo

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.