No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947
#61492

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33019

Registrar's No. 9032

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

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 2 days. (Specify whether
In this community 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1209 N 6th St. 9
Memorial (If rural, give location)

(e) Citizen of foreign country? 25 No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN SHEEHY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

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

7. Birth date of deceased Apr. (Month) 5 (Day) 1860 (Year)

8. AGE: Years 87 Months 5 Days 23 If less than one day hr. min.

9. Birthplace McEwen (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Ret. Farmer

11. Industry or business

FATHER
12. Name James Sheehy 4
13. Birthplace — (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) — (State or foreign country) 4

16. (a) Informant James Sheehy
(b) Address 5018 Ray Ave.

17. (a) ~~Burial~~ (~~Burial, cremation, or~~ removal) (b) Date thereof 9-29-47 (Month) (Day) (Year)

(c) Place: burial or cremation McEwen Tenn.

18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar

19. (a) SEP 29 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28th
year 1947 hour 5:20 minute A M.

21. I hereby certify that I attended the deceased from Sept. 26, 1947, 19, to Sept. 28th 1947;
that I last saw him alive on Sept. 28th 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to arterio-sclerotic heart disease

Due to

Other conditions Fatty nerves
(Include pregnancy within 3 months of death) Cirrhosis of liver

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature Roscoe Morton M.D. (M.D. or other)

Address 1515 Lafayette Date signed 9/29/47

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 Jos. E. McCulloh

Licensed Embalmer No. 2960

P. O. Address 6173 Delmar

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.