

No. 2
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-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40178**
40178
Registrar's No.

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4959 Terry
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community 60. Years (Yes or No)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 100

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

(d) Street No. 6 4959 Terry
(If rural, give location) 9

(e) Citizen of foreign country? No. (Yes or No) 2
If yes, name country.....

3. (a) PRINT FULL NAME Mary Agnes Shea

3. (b) If veteran, name war. None

3. (c) Social Security No. None

4. Sex. Female / 5. Color or race White

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

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 8,
year 1947 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 23, 1947, 19....., to Nov. 8, 1947, 19.....;
that I last saw her alive on NOV 8, 1947, 19.....;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>About 85</u>			hr. min.

Immediate cause of death Uremia Duration 2d

Due to Senility

Due to 1/22

Other conditions.....
(Include pregnancy within 3 months of death)

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

10. Usual occupation At Home

Major findings:
Of operations None done

Of autopsy None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name Garnett Shea

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

14. Maiden name Mary Fitzgerald

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

16. (a) Informant Alice Barry
(b) Address 4959 Terry

17. (a) Burial (b) Date thereof 11/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Colliers Funeral Home
(b) Address 10123 St. Charles Rd.

19. (a) NOV 10 1947 (Date received local registrar)
J. F. Brewer (Registrar's signature)

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 Deleena Calkins (M. D. or other) MD
Address 2301 N. 1st St. St. Louis Date signed 11/10/47

Deleena Calkins

2301

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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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles

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.