

No. 300
-10-47
5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FEB 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

7326
State File No. _____
Registrar's No. 428

Registration District No. 277

Primary Registration District No. 2002

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(c) Name of hospital or institution:
7135 Forsythe Blvd.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 9th
(c) City or town University City
(d) Street No. 7135 Forsythe Blvd.
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME John Sheehan
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex M. 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 April 24, 1873

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 13th. year 1948 hour 9³⁰ minute 0 P. M.
21. I hereby certify that I attended the deceased from 1/22/48, 1948 to 2/13/48, 1948; that I last saw him alive on 2/13/48, 1948; and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 7 Days 19 If less than one day _____ hr. _____ min.
9. Birthplace St. Louis, Mo.
10. Usual occupation Retired

Immediate cause of death
1) Pneumonia - hypertensive 2d
2) Nephro-arteriosclerosis (acute) 2day
Due to _____
Due to _____
Other conditions art scler. heart dis
(Include pregnancy within 3 months of death)

11. Industry or business Real Estate
12. Name Michael Sheehan
13. Birthplace Ireland
14. Maiden name Bridget Brennan
15. Birthplace Mo.

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

Informant Charles S. Lamy
Address 9530 Ladue
Burial (b) Date thereof 2-16-48
Place: burial or cremation Calvary Cemetery
Signature of funeral director Arthur J. Donnelly
Address 3840 Ladell Blvd
(Date received local registrar) 2-13-48 Registrar's signature Paul R. Sharpe

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? _____
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature W. P. Peck (M. D. or other) 2nd
Address Humboldt Bldg Date signed 2/13/48

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

OTHER FATHER 1/22/48
MOTHER 1/13/48
Sister 1/13/48

MAR 22 1948
-APR 1 1948
MAR 17 1948

FEB 26 1948

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 W H VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
City of St. Louis } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 29th day of March, 1948, before me appears.....

Charles S. Lamy, who, upon his oath, states that the original record of ^{MARK} death
for John Sheehan died February 13, ~~1875~~ 1948, in the State of
Missouri, and which was filed at Jefferson City, Mo. on, 19....., should be corrected as follows:

Item No. 7 should read April 24, 1873

Instead of 1875

Item No. 8 should read Years- 74

Instead of Years - 73

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Charles S. Lamy Nephew Relationship.

9530 Ladue Road Clayton 5-
Present Address.

Subscribed and sworn to before me this 29th day of March, 1948.

Aug. 29, 1951

My Commission expires Frances M. Stuckemeyer Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

7326