

No. 2
-12-45
-17-39
X47070

FILED APR 12 1948

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

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

3. (a) PRINT FULL NAME Kathleen E. Sharkey

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. (b) Name of husband or wife.....

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

7. Birth date of deceased March 12 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

22 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Emmet E. Sharkey

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

14. Maiden name Mary J. Slane

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

16. (a) Informant Emmet E. Sharkey

(b) Address 4000 Greer Ave.

17. (a) Burial (b) Date thereof 4/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) APR 6 1948 (Date received local registrar)

J. F. Bredack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4000 Greer
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1948 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from 3-20-48 to 4-4-48, 1948, to 1948, that I last saw her alive on 4-4-1948 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of the base of brain & the cereb. base

Due to severe heart tea

Due to dehydration

Other conditions 119
(Include pregnancy within 3 months of death)

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 place)

(c) Means of injury 0

23. Signature Harold D. McF... (M. D. or other)

Address 377 N. Grand Date signed 4-5-48

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.....

Albert Mayfield

Licensed Embalmer No. 3077

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.