

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 2 1949

State File No. **3269**
Registrar's No. **689**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 689		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 4230 No. Market St.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4230 N. Market St.				d. STREET ADDRESS (If rural, give location) 4230 No. Market St.				
3. NAME OF DECEASED a. (First) Patrick			b. (Middle) _____			c. (Last) Sheridan		
4. DATE OF DEATH (Type or Print) _____			4. DATE OF DEATH (Month) (Day) (Year) Jan. 23. 1949					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan. 21. 1867		
9. AGE (in years last birthday) 82		IF UNDER 1 YEAR 0 Months 0 Days		IF UNDER 12 HRS. 0 Hours 0 Mins.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS* OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Patrick Sheridan			13b. MOTHER'S MAIDEN NAME Lizy unknown.			14. NAME OF HUSBAND* OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. Frank Netzel ADDRESS 8325 Bradock Rd.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon Monoxide Poisoning ANTECEDENT CAUSES Second & third degree burns of neck & back caused by fire - caused by overheated oil stove at his home 4230 No. Market St. on Jan 23, 1949 at about 7:28 AM DUE TO (b) neck & back burns; suffocated in fire - caused by overheated oil stove at his home 4230 No. Market St. on Jan 23, 1949 at about 7:28 AM DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Accident					20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Missouri				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 23 49 7:28 AM		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Accident				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:28 A. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Walter Perry Deputy Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1/24/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 25, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 24 1949		REGISTRAR'S SIGNATURE J. B. Foster		FUNERAL DIRECTOR'S SIGNATURE Reynold McKeen		ADDRESS 1431 Union Blvd		

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Robert M Murray

Signed.....

Student Embalmer

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, 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.