

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32185**

FILED SEP 20 1949

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7900**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nameoki	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul		d. STREET ADDRESS (If rural, give location) N.R. box 881	

3. NAME OF DECEASED (Type or Print) a. (First) Bridget b. (Middle) Beatrice c. (Last) Shookman			4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1949		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 7, 1888		9. AGE (In years last birthday) 61		10. UNDER 1 YEAR Days 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Thomas O'Brien		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE George O. Shookman		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 Dean Shookman		ADDRESS Nameoki, Illinois	
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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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Coronary-arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cancer of Cervix Uteri Jan '48		INTERVAL BETWEEN ONSET AND DEATH 9-11-49	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Cancer of Cervix Uteri 1-26-48		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 40	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 171X	

22. I hereby certify that I attended the deceased from **1-20-48**, 19**48**, to **9-11-49**, 19**49**, that I last saw the deceased alive on **9-11-49**, 19**49**, and that death occurred at **11:30** a.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS 4952 Maryland St		23c. DATE SIGNED 9-12-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 12, 1949		24c. NAME OF CEMETERY OR CREMATORY Madison, Illinois	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Madison, Ill.	

DATE REC'D BY LOCAL SEP 12 1949

REGISTRAR'S SIGNATURE **[Signature]**

WRITE PLAINLY—USING 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 _____

..... Student Embalmer No.
working under my personal supervision.

Signed.....
Student Embalmer

Signed *Francis J. Lahey*

Licensed Embalmer No. *2792*

P. O. Address *Madison Ill*

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.