

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

14995

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3662

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>1968 ALCOTT AVE</u>	
3. NAME OF DECEASED (Type or Print) <u>Cora</u>		a. (First) <u>Cora</u>	b. (Middle)
		c. (Last) <u>Sheehan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 21 1950</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid.</u>	8. DATE OF BIRTH <u>12/24/1891</u>
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MATRON</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JACOB GREIN</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN SHEEHAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>3195-14-8886</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE SHEEHAN</u>		ADDRESS <u>2633 CANAAN AVE</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Coronary Sclerosis	
Conditions contributing to the death but not related to the disease or condition causing death.		Don't	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		19c. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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)	
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? <u>H201</u>	
22. I hereby certify that I attended the deceased from <u>4-19-50</u> , 19 <u>50</u> , to <u>4-21-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-21-50</u> , 19 <u>50</u> , and that death occurred at <u>9:05 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter H. Lawrence</u> (Degree or title)		23b. ADDRESS <u>1506 St. Louis</u>	23c. DATE SIGNED <u>4-21-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/21/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>ARR 2</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>STROOT - CARROLL</u> ADDRESS <u>1600 NATURAL BRIDGE</u>	

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.

Student
Student Embalmer

Signed *Ben Hoffman*

Licensed Embalmer No. *4366*

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.) 8

If this body is not embalmed, fact should be so stated above.