

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10627
2312
Registrar's No.

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. <u>10627</u> <u>2312</u>	
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. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis M</u>		2167	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3400 S. Grand</u> <u>Little Sisters of Poor (South)</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) _____ c. (Last) <u>Sheehan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-10-51</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 7, 1862</u>		9. AGE (In years last birthday) <u>89</u> IF UNDER 1 YEAR: Months <u>2</u> Days <u>3</u> IF UNDER 24 HRS: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At. Home</u>		11. BIRTHPLACE (State or foreign country) <u>Memphis Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>James Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Dont Know</u>		14. NAME OF HUSBAND OR WIFE <u>Hames Sheehan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Jo.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Sheehan 3880a Arsenal Street</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Hemorrhage 2nd</u> <u>right femur; suffered when deceased fell out of bed at City Hospital #1 on Feb 9 1951 exact time</u> ANTECEDENT CAUSES: <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Feb 9 1951 exact time</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>on</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: <u>unknown</u> <u>rod Accident</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u> SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Roop</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 9 51 ?</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E 9020</u>			
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 <u>300A m.</u> , from the causes and on the date stated above. <u>A</u>							
23a. SIGNATURE (Type or Print) <u>Patrick E Taylor</u> (Name or title) <u>Cornel</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>3.16.51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-13-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Memphis Tenn</u>		
DATE REC'D BY LOCAL REG. <u>MAR 12 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lanter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thos. J. Finan and Sons 1519 S. Grand</u>			

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

2312

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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.

Student
Student Embalmer

Signed

Robert M. Murray

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.