

No. 300
10.48

FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6771
Registrar's No. 1213

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | |
| 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 St. Louis, 2069 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital | | d. STREET ADDRESS (If rural, give location) 5910 Cote Brillante Ave., 0 | |

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|--|------------|-------------|-----------|---|
| 3. NAME OF DECEASED (Type or Print) Julia Shea | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 5 1952 |
|--|------------|-------------|-----------|---|

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|-------------------------|----------------------------------|--|---|--|---------------------------|--------------------------|---------------------------|--------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb. 2, 1882 | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|-------------------------|----------------------------------|--|---|--|---------------------------|--------------------------|---------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Ireland | 12. CITIZEN OF WHAT COUNTRY? 4 |
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| 13a. FATHER'S NAME Dennis Sullivan | 13b. MOTHER'S MAIDEN NAME Margaret Casey | 14. NAME OF HUSBAND OR WIFE Tim Shea |
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| 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 Tim Shea | ADDRESS 5910 Cote Brillante Ave. |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | INTERVAL BETWEEN ONSET AND DEATH 5 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

Cerebral Hemorrhage
Hypertension com. Arterios.

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|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 331X |
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22. I hereby certify that I attended the deceased from **Nov. 1, 1951**, to **Feb. 5, 1952**, that I last saw the deceased alive on **Oct. 5, 1952** and that death occurred at **4:25P m.**, from the causes and on the date stated above.

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|--------------------------------------|-------------------|--|-----------------------------------|
| 23a. SIGNATURE <i>J. B. Javan</i> | (Degree or title) | 23b. ADDRESS 539 N. Grand St. St. Louis, Mo. | 23c. DATE SIGNED 2/7/52 |
|--------------------------------------|-------------------|--|-----------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2-9-1952 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
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| DATE REC'D BY LOCAL REG. FEB 7 1952 | REGISTRAR'S SIGNATURE <i>Carl Smith</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Cullinane Bros</i> | ADDRESS 3320 N. Kingshighway |
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(Licensed Embalmer's Statement on Reverse Side)

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 *Fred Frick*

Licensed Embalmer No. 3186

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.