

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11052

State File No.

FILED APR 8 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 818

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u> | |
| c. LENGTH OF STAY (In this place) <u>50 Years</u> | | 4713 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>139 W. Monroe Ave.</u> | | d. STREET ADDRESS (If rural, give location) <u>139 W. Monroe Ave.</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>MARY</u> | b. (Middle) <u>M.</u> | c. (Last) <u>SHEA</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 25, 1952</u> |
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|----------------------|-------------------------------|---|--------------------------------------|---|--|---|
| 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>Feb. 3, 1864</u> | 9. AGE (In years last birthday) <u>88</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>22</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | 11. BIRTHPLACE (State or foreign country) <u>Kirkwood, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Bernard Kraus</u> | 13b. MOTHER'S MAIDEN NAME <u>Kathryn Timerling</u> | 14. NAME OF HUSBAND OR WIFE <u>Michael B. Shea</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Michael B. Shea</u> | ADDRESS <u>Kirkwood, Mo.</u> |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> | | |
| | ANTECEDENT CAUSES <u>due to arteriosclerosis</u> | | |
| 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? |
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22. I hereby certify that I attended the deceased from Mar. 6, 1952, to Mar. 25, 1952, that I last saw the deceased alive on Mar. 25, 1952, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>R. S. Stoelzle, M.D.</u> | 23b. ADDRESS <u>Kirkwood</u> | 23c. DATE SIGNED <u>3/26/52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/28/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>3-27-52</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis A. Bopp, Inc.</u> | ADDRESS <u>Kirkwood Mo.</u> |
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4003
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—
Wm. Stoelzle

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 Felix Hernandez

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 m

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.