

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
D. 48

FILED JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1753

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) <u>St. John</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rough Rest Manor</u>		d. STREET ADDRESS (If rural, give location) <u>8826 vBurton Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> b. (Middle) _____ c. (Last) <u>Sheridan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 26, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Oct. 15, 1874</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Peter J. Sheridan</u>		13b. MOTHER'S MAIDEN NAME <u>Stella Ryan</u>		14. NAME OF HUSBAND OR WIFE _____	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jacob L. Shane 8826 Burton Av-Overland, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Fracture R-Lip</u> ANTECEDENT CAUSES <u>Complications of the Aged & young</u> <u>Old age</u> DUE TO (a) _____ DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>Mitral Heart Lesion</u>		<u>Rf6</u>	

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) <u>20</u> (STATE) <u>140</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 12 5:1</u> m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input checked="" type="checkbox"/> WORK		21f. HOW DID INJURY OCCUR? <u>Fall in her home</u>	
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22. I hereby certify that I attended the deceased from Nov 22, 1952 to June 26, 1952, that I last saw the deceased alive on June 26, 1952, and that death occurred at 20 m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. P. Stealey M.D.</u>		23b. ADDRESS <u>35 Leekland</u>		23c. DATE SIGNED <u>6-27-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-28-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>6-28-52</u>		REGISTRAR'S SIGNATURE <u>Nesbert B. Dumble</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blairtown 1500 Ave. 2504 Woodson Rd-Overland-14-Mo.</u>	
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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 34524

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14

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.