

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26586

State File No. \_\_\_\_\_

FILED AUG 1 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 341 Registrar's No. 2022

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) 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>Clayton, Missouri.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton (5).</u>	
c. LENGTH OF STAY (In this place) <u>13 mo.</u>		43 <u>4432</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>421 Oakley Drive.</u>		d. STREET ADDRESS (If rural, give location) <u>421 Oakley Drive.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>	b. (Middle) <u>MARIE</u>	c. (Last) <u>SHEA.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 28, 1952.</u>
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single.</u>	8. DATE OF BIRTH <u>October 15, 1882.</u>
9. AGE (In years last birthday) <u>69.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Thomas Shea.</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Schilling.</u>	14. NAME OF HUSBAND OR WIFE <u>None.</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>no.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Frank Franey, 421 Oakley Drive,</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE MONOCYTIC LEUKEMIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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?

22. I hereby certify that I attended the deceased from 13 MAR, 1952 to 28 JULY, 1952, that I last saw the deceased alive on 22 JULY, 1952, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry Agrios</u>	(Degree or title) <u>med. D</u>	23b. ADDRESS <u>634 N. GRAND</u>	23c. DATE SIGNED <u>7/29/52</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Interment.</u>	24b. DATE <u>7/31/52.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery..</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>7-29-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Danbeck</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton &amp; Sons, 7233 Delmar Blv'd.,</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Harry Agreess.  
Missouri Theatre Bldg.  
JE: 5014.

**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 Melvin J. Kemper

Licensed Embalmer No. 4052

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.