

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37787

FILED NOV 6 - 1953 BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2720

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>		c. CITY OR TOWN <b>Kirkwood</b> 4673 d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Agnes Home</b>		e. STREET ADDRESS (If rural, give location) <b>10341 Manchester Rd.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>GERTRUDE</b> c. (Last) <b>SHEA</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 19 1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 4, 1883</b>
9. AGE (In years last birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Patrick Whalen</b>		13b. MOTHER'S MAIDEN NAME <b>Bridget Melican</b>	14. NAME OF HUSBAND OR WIFE <b>John J. Shea</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Joseph Shea #30 Orchard Lane, Kirkwood</b>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage (left hemisphere)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis general</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Residual hemiplegia from previous cerebral hemorrhage</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE 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 <b>July 7, 1953</b> , to <b>Oct 19, 1953</b> , that I last saw the deceased alive on <b>Oct 19, 1953</b> , and that death occurred at <b>7:30 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>C. H. Rockelmann M.D.</b>		23b. ADDRESS <b>2615 Brentwood Blvd</b>	
23c. DATE SIGNED <b>Oct 20 1953</b>		23d. SIGNATURE	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>		24b. DATE <b>Oct. 22, 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Mausoleum</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10/21/53</b>		REGISTRAR'S SIGNATURE <b>Heber J. Smith M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS <b>Kriegshauer 4228 S. Kingshighway Bl.</b>	

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

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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.....  
Signature of Student Embalmer

Signed. *William R. White*.....

Licensed Embalmer No. *4291*

P. O. Address *228 S. Lugo*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.