V.S. No. 300
Rev. 10.48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 41149

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10709

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3316 S. Grand Blvd.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: 2167
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐: 0
e. STREET ADDRESS (If rural, give location): 16 3316 S. Grand Blvd.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Catherine
b. (Middle):
c. (Last): Shea

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 9, 1953

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married 0
**8. DATE OF BIRTH**: Jan. 5, 1877
**9. AGE** (In years last birthday): 76 — 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): School Teacher
**10b. KIND OF BUSINESS OR INDUSTRY**: Public Schools
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME**: James Shea
**13b. MOTHER'S MAIDEN NAME**: Margaret Cullinane
**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME** / **ADDRESS**: Mary Shea, 3316 S. Grand Blvd.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 8 yr.

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.*
Parkinson's disease — 8 yr.
Malnutrition · anemia — 1 yr.
Multiple decubiti — 3 mo.

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☑

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

4200

22. *I hereby certify that I attended the deceased from* Nov. 33, *19*45, *to* Nov. 9, *19*53, *that I last saw the deceased alive on* Nov. 2, *19*53, *and that death occurred at* 9 A. *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Melvin J. Huber 0 (Degree or title) M.D.
**23b. ADDRESS**: 634 N. Grand Blvd.
**23c. DATE SIGNED**: 11-10-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 11-11-53
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

**DATE REC'D BY LOCAL REG.**: NOV 10 1953
**REGISTRAR'S SIGNATURE**: J. Carl Smith MD
MJB
**25. FUNERAL DIRECTOR'S SIGNATURE** / **ADDRESS**: Cullinane Bros. 3320 N Kingshighway
(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.....
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.