

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6805

State File No. 1212

FILED MAR 4 1954

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	c. LENGTH OF STAY (in this place) 65 YRS.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2169	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ENROUTE-TO: CITY-HOSPITAL #1.		d. STREET ADDRESS (If rural, give location) 3104 A MIAMI - ST.	

3. NAME OF DECEASED (Type or Print) a. (First) MARIE b. (Middle) _____ c. (Last) SHEEHAN	4. DATE OF DEATH (Month) (Day) (Year) FEB. 6TH 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 5TH 1881	9. AGE (In years last birthday) 73 YRS.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORMERLY-GARMENT-WORKER	10b. KIND OF BUSINESS OR INDUSTRY HANDELMAN-PANTS-CO	11. BIRTHPLACE (State or foreign country) CINCINNATI - OHIO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME HARRY-BEBB.	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE JOHN-SHEEHAN (DECD.)
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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) NO NONE	16. SOCIAL SECURITY NO. 494-09-6853.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John H. Sheehan 2405 N. 19th St.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5yr 2 day 1 wk 1 wd
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Cardiovascular Heart Disease</i> <i>Acute Coronary Failure</i>		
	ANTECEDENT CAUSES DUE TO (b) <i>Hypertension</i> DUE TO (c) <i>Passive congestion of lungs</i> <i>Generalized Edema</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) (STATE)
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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? 443x
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22. I, hereby certify that I attended the deceased from 3/1/49, 19, to 2/6/54, 19, that I last saw the deceased alive on 2/6/54, 19, and that death occurred at 12:10 P m., from the causes and on the date stated above.

23a. SIGNATURE <i>St. Raphael MD.</i> (Degree or title)	23b. ADDRESS 1901 Madison St.	23c. DATE SIGNED 2/8/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 9TH 1954	24c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
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DATE REC'D BY LOCAL REG. FEB 8 1954	REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brockland Und. Co. 1827-HOGAN-ST.
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(Licensed Embalmer's Statement on Reverse Side)

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

6 11 1922

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Edouard Remelius

Licensed Embalmer No. 4283

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.