

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25568**
Registrar's No. **1750**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY St. Louis	b. COUNTY St. Louis	a. STATE MISSOURI	b. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton	c. LENGTH OF STAY (in this place) 6 DAYS	c. CITY OR TOWN Eureka	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospital		e. STREET ADDRESS (If rural, give location) Rural	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) G.	c. (Last) O'Shea	4. DATE OF DEATH (Month) (Day) (Year) July 18, 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 May 26, 1869	9. AGE (In years) (If under 1 year, specify Months) (If under 12 months, specify Days) (If under 24 hrs., specify Hours) (If under 60 min., specify Min.) 85
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Golden	13b. MOTHER'S MAIDEN NAME Susan Lynch	14. NAME OF HUSBAND OR WIFE Leary O'Shea
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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	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME James P. Golden	ADDRESS 890 Sappington Rd, Cape Girardeau, Mo
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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* (a) Cerebrovascular Accident (no head examination)		INTERVAL BETWEEN ONSET AND DEATH 2
	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. Diabetes mellitus Arteriosclerotic Heart disease Gen. arteriosclerosis arteriolar nephrosclerosis		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (M.)	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 **7-12, 1954**, to **7-18, 1954**, that I last saw the deceased alive on **7-18, 1954**, and that death occurred at **9:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles E. Brodine M.D.	23b. ADDRESS 6013 Brentwood Clayton	23c. DATE SIGNED 7/19/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 21, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Bridget's Cem	24d. LOCATION (City, town, or county) (State) Pacific Mo
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DATE REC'D BY LOCAL REG. 7/19/54	REGISTRAR'S SIGNATURE Herbert S. Lombardi	FUNERAL DIRECTOR'S SIGNATURE L. Shields	ADDRESS Pacific Mo
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(Licensed Embalmers 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 *Geo. L. Shikes*

Licensed Embalmer No. *300*

P. O. Address *Pacific*

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.