

FILED FEB 9 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3398

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 74

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| 1. PLACE OF DEATH a. COUNTY <u>St Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u> | |
| b. CITY OR TOWN <u>Richmond Hts Mo</u> | c. LENGTH OF STAY (In this place) <u>17 days</u> | c. CITY OR TOWN <u>Richmond Hts Mo</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hosp</u> | | d. STREET ADDRESS (If rural: give location) <u>1712 Big Bend Rd</u> | |

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|--|---------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>BURKE</u> b. (Middle) <u>MICHAEL</u> c. (Last) <u>SHEA-SR</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11 1955</u> | | |
| 5. SEX <u>Mo</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct 1-1899</u> | | 9. AGE (In years last birthday) <u>55</u> <u>3</u> Months <u>11</u> Days <u>11</u> Hours <u>0</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>International Sales</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Omaha, Neb</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |

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| 13a. FATHER'S NAME <u>James A Shea</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna M Morrissey</u> | 14. NAME OF HUSBAND OR WIFE <u>Rubie Shea</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes World War I</u> | 16. SOCIAL SECURITY NO. <u>889-01-1733</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Rubie Shea</u> ADDRESS <u>1712 Big Bend Rd</u> |

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|---|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myelogenous leukemia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 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) | 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 <u>Dec 1949</u> , to <u>Jan 11, 1955</u> , that I last saw the deceased alive on <u>Jan 10, 1955</u> , and that death occurred at <u>6:45 A.M.</u> , from the causes and on the date stated above. | | |

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| 23a. SIGNATURE (Degree or title) <u>Wm C Macomber M.D.</u> | 23b. ADDRESS <u>539 N. Grand</u> | 23c. DATE SIGNED <u>1-12-55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan 11-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt Oliv Cem</u> |
| 24d. LOCATION (City, town, or county) (State) <u>St Louis City Mo</u> | | |

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|--|---|---|
| DATE REC'D BY LOCAL REG <u>1/12/55</u> | REGISTRAR'S SIGNATURE <u>Rebecca B. Sampson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hoover</u> ADDRESS <u>6536 Clayton Rd</u> |
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(Licensed Embroider's Signature on Reverse Side)

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

St Marys Hosp

2271-13-116A

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

J. W. Dumbley

Licensed Embalmer No. *3653*

P. O. Address *St. Louis 8 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.