

FILED MAY 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19045

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 1194

|                                                                                         |                                                    |                                                                                                                                               |                                                                                                                                      |
|-----------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>                                         |                                                    | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u> |                                                                                                                                      |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>JENNINGS</u> | c. LENGTH OF STAY (in this place)<br><u>6 YRS.</u> | c. CITY OR TOWN<br><u>JENNINGS 4138</u>                                                                                                       | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>8966 WHITSTONE</u>                        |                                                    | e. STREET ADDRESS (If rural, give location)<br><u>8966 WHITSTONE</u>                                                                          |                                                                                                                                      |

|                                                                  |                       |                       |                                                              |
|------------------------------------------------------------------|-----------------------|-----------------------|--------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>MICHAEL</u> | b. (Middle) <u>J.</u> | c. (Last) <u>SHEA</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>MAY 10, 1956</u> |
|------------------------------------------------------------------|-----------------------|-----------------------|--------------------------------------------------------------|

|                       |                                  |                                                                          |                                      |                                           |                                            |                                            |
|-----------------------|----------------------------------|--------------------------------------------------------------------------|--------------------------------------|-------------------------------------------|--------------------------------------------|--------------------------------------------|
| 5. SEX<br><u>MALE</u> | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>WIDOWED</u> | 8. DATE OF BIRTH<br><u>7/10/1872</u> | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |
|-----------------------|----------------------------------|--------------------------------------------------------------------------|--------------------------------------|-------------------------------------------|--------------------------------------------|--------------------------------------------|

|                                                                                                               |                                                            |                                                                                |                                               |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>RETIRED</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>COFFEE ROASTER</u> | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>ST LOUIS MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------|

|                                      |                                             |                                                         |
|--------------------------------------|---------------------------------------------|---------------------------------------------------------|
| 13a. FATHER'S NAME<br><u>UNKNOWN</u> | 13b. MOTHER'S MAIDEN NAME<br><u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE<br><u>ALMA FLEMING SHEA</u> |
|--------------------------------------|---------------------------------------------|---------------------------------------------------------|

|                                                                                                                        |                                                 |                                                        |                                        |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|----------------------------------------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> | 16. SOCIAL SECURITY NO.<br><u># 489-07-3165</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>JAMES SHEA</u> | ADDRESS<br><u>8966 WHITSTONE COURT</u> |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|----------------------------------------|

|                                                                                                                                                                                                                                 |                                                                                                                                                              |  |                                                   |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|---------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anterior Sclerotic Heart disease</u>                                                               |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 yrs.</u> |               |
|                                                                                                                                                                                                                                 | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arterio Sclerosis</u> |  |                                                   | <u>5 yrs.</u> |
|                                                                                                                                                                                                                                 | DUE TO (c)                                                                                                                                                   |  |                                                   |               |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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) (Minute) | 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 Jan, 1951, to May 10, 1956, that I last saw the deceased alive on May 8, 1956, and that death occurred at 1 p. m., from the causes and on the date stated above.

|                                      |                                |                                           |                                    |
|--------------------------------------|--------------------------------|-------------------------------------------|------------------------------------|
| 23a. SIGNATURE<br><u>N. J. Honch</u> | (Design or Title)<br><u>MO</u> | 23b. ADDRESS<br><u>8902 Reverend Blvd</u> | 23c. DATE SIGNED<br><u>5-11-56</u> |
|--------------------------------------|--------------------------------|-------------------------------------------|------------------------------------|

|                                                             |                             |                                                               |                                                                           |
|-------------------------------------------------------------|-----------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>removal</u> | 24b. DATE<br><u>5/11/56</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>CALVARY CEMETERY</u> | 24d. LOCATION (City, town, or county) (State)<br><u>ST LOUIS MISSOURI</u> |
|-------------------------------------------------------------|-----------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------|

|                                            |                                                    |                                                             |                                           |
|--------------------------------------------|----------------------------------------------------|-------------------------------------------------------------|-------------------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>5-11-56</u> | REGISTRAR'S SIGNATURE<br><u>Herbert R. Donohue</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>STROOT - CARROLL</u> | ADDRESS<br><u>4600 NATURAL BRIDGE AVE</u> |
|--------------------------------------------|----------------------------------------------------|-------------------------------------------------------------|-------------------------------------------|

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

*Dr. St. Louis*  
*8902 Rivermont*  
*1-5 Fr*  
~~*Jan 1 - 1989*~~

**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 *M. W. Rueter*.....

Licensed Embalmer No. *488*

P. O. Address *St. Louis*

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.