

FILED FEB 6 1958

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

3590

STATE FILE NUMBER

 Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **886**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Louis Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. VAE. HOSP. Length of stay in lb		d. STREET ADDRESS 4012 Juniata Ave. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JAMES First JOE Middle SHEEHAN Last		4. DATE OF DEATH 11/22/1958 Month 11 Day 22 Year 1958	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/2/1898
9. AGE (In years last birthday) 59		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months 1 Days 1 Hours 1 Min. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Washerman		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
11. BIRTHPLACE (City and state or country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JAMES SHEEHAN		14. MOTHER'S MAIDEN NAME JULIA GARVEY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) Yes W.W.I.		16. SOCIAL SECURITY NO. 702-12-4502	
17. INFORMANT MARIE SHEEHAN Address 4012 JUNIATA			
18. CAUSE OF DEATH [Enter one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) atherosclerotic heart disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4200
20c. TIME OF INJURY Hour 11:30 PM. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 11/11/1958 to 11/22/58 and last saw ^{her} him alive on 11/22/58 Death occurred at 1:30 PM. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hubert W. [Signature] (Degree or title)		22b. ADDRESS 2906 [Address]	22c. DATE SIGNED 1-23-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JAN. 25, 1958	23c. NAME OF CEMETERY OR CREMATORY MT CARMEL Cem.	23d. LOCATION (City, town, or county) (State) E. ST. LOUIS, ILLINOIS
24. FUNERAL DIRECTOR Thomas Kutie ADDRESS 2906 [Address]		25. DATE RECD. BY LOCAL REG. JAN 24 '58	26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300
7-56

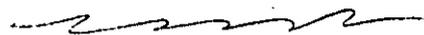
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

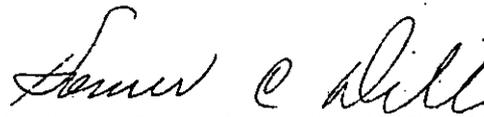
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 
Licensed Embalmer No.

P. O. Address 2906 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.