

MISSOURI DEATH CERTIFICATE OF DEATH

318

1003

3957

-61-015632
STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 1 1961

DATE AMENDED 5/11/61
 INSTEAD OF June 15, 1876 & 84
 ITEM NO. 8 & 9 June 15, 1886 & 74
 SHOULD READ 13a & b Ernest Veith & Josephine Schmidt Ernest Feith & Unknown
 BY AFFIDAVIT OF Inf. DOCUMENT Baptisma I Record

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		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 1725 No. 13th St			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1725 No. 13th, Street		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last KATHERINE SHEEHAN				4. DATE OF DEATH Month Day Year April 23/1961									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1886/1 6/15/1876		9. AGE (last birthday) 84 74		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work				10b. KIND OF BUSINESS OR INDUSTRY House Work		11. BIRTHPLACE (City and state or country) St. Louis, Mo.,		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Ernest Veith Ernst Feith				13b. MOTHER'S MAIDEN NAME Unknown Josephine Schmidt				14. NAME OF HUSBAND OR WIFE James J. Sheehan					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				17. INFORMANT James John J. Sheehan 1725 No. 13th, St.				Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Thrombosis of cerebral artery.</u> DUE TO (b) <u>Arterio-sclerotic cerebro-vas.</u> DUE TO (c) <u>disease for years</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown													
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT		SUICIDE		HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>332X</u>					
20c. TIME OF INJURY Hour a.m. p.m.		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 <u>Oct. 1953</u> to <u>April 23, 1961</u> and last saw <u>her</u> live on <u>Apr. 23-1961</u> Death occurred at <u>8:10 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>[Signature]</u> (Degree or title)						22b. ADDRESS <u>634 N. Grand</u>			22c. DATE SIGNED <u>4/25/61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>4/26/1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Mausoleum</u>			23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>			(State)			
24. FUNERAL DIRECTOR <u>Leidner Und. Co. 2223 St. Louis Ave.</u>				25. DATE RECD. BY LOCAL REG. <u>APR 25 1961</u>				26. REGISTRAR'S SIGNATURE <u>[Signature]</u>					

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 Albert Masfield

Licensed Embalmer No. 3077

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.