

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-029170  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6975

<b>1. CAUSE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Missouri</u>		a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
Length of stay in lb <u>5 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1818 Grape Ave</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> First Middle Last			<b>4. DATE OF DEATH</b> Month Day Year
<u>JOSEPH JAMES SHERIDAN</u>			<u>July 14 1962</u>
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>9/30/1896</u>
<b>9. AGE</b> (last birthday) <u>65 years</u>		<b>IF UNDER 1 YEAR</b> Months Days	<b>IF UNDER 24 HR</b> Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>foreman</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>National Vendors</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>St. Louis, Mo</u>
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A.</u>			
<b>13a. FATHER'S NAME</b> <u>Simon Sheridan</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Catherine Albright</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mayme Sheridan</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown?) (If yes, give war or dates of service) <u>No</u>		<b>17. INFORMANT</b> <u>Mayme Sheridan - 1818 Grape Ave</u>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line. PART I. DEATH WAS CAUSED BY:			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
IMMEDIATE CAUSE (a) <u>Infarction myocardium</u>			<u>4 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u>			
DUE TO <u>Arteriosclerotic Heart Disease</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour <u>          </u> a.m. <u>          </u> p.m.	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b> <b>STATE</b>
<b>21. I attended the deceased from</b> <u>April 5 '58</u> to <u>July 14 62</u> and last saw him live on <u>July 13 62</u>		Death occurred at <u>          </u> on the date stated above, and to the best of my knowledge, from the causes stated.	
<b>22a. SIGNATURE</b> (Degree or title) <u>H. J. Suesener MD</u>		<b>22b. ADDRESS</b> <u>Northland Med Bldg</u>	<b>22c. DATE SIGNED</b> <u>7-14-62</u>
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	<b>23b. DATE</b> <u>July 17, 1962</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) <u>St. Louis</u> <b>STATE</b> <u>Missouri</u>
<b>24. FUNERAL DIRECTOR</b> <u>          </u> <b>ADDRESS</b> <u>          </u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>JUL 16 1962</u> <b>26. REGISTRAR'S SIGNATURE</b> <u>Huntard W. D.</u>	

VS 300 Rev. 4/59  
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 DATE AMENDED  
 8-14-62  
 9-30-1962  
 9-30-1896  
 BY AFFIDAVIT OF  
 Funeral Director DOCUMENT  
 Burial Record

USE BLACK INK OR TYPEWRITER RIBBON

BUCHHOLZ MORTUARY-5967 W. Florissant Ave JUL 16 1962

**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 Walter J. Beuchholz

Licensed Embalmer No. 4557

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.