JAN 13 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41634

File No.

Registered No. 10878

1. PLACE OF DEATH

County

Township

City St Louis (No. St Johns Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME James M Shea

(a) Residence, No. 4109 Magnolia St., 17 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Genevieve L Shea

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 19 1883

7. AGE: YEARS 52 | MONTHS 10 | DAYS 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shea, Brown, Ell Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

FATHER

13. NAME: James Shea

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Genevieve M. Shea, 4109 Magnolia a

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Calvary DATE: 12-24, 1935

19. UNDERTAKER (ADDRESS): Arthur J Donnelly U Co, 3840 Lindell Blvd

20. FILED DEC 23 1935, 19 J F Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1930, to Dec 22, 1935

I last saw him alive on 12-22, 1935. Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Oesophageal varix	Dec 10

Other contributory causes of importance:

100

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Carl J Reis, M. D.

(Address) 3779 Washington

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. G. P. J. Fack
3720 Washington
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