

REC'D MAY 10 1939

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

13262
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 1791
(b) Township..... 1 Primary Registration District No..... 1003 Registered No..... 3604
(c) City ^{or} St. St. Louis, Missouri. (d) Street No. Marquette Hotel. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S.; if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John William Sheehan

(a) Residence, No. Marquette Hotel. St. 35 1734 Washington
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Veneda Sheehan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2, 1884.</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>9</u>
	DAYS <u>16</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. <u>St. Louis Globe</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Democrat</u>	
	10. Date deceased last worked at this occupation (month and year) <u>April 1939.</u>	11. Total time (years) spent in this occupation <u>8 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u> <u>Illinois.</u>		
FATHER	13. NAME <u>John Sheehan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jacksonville,</u> <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Maggie Clark</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greenville,</u> <u>Illinois.</u>	
17. INFORMANT <u>Frank J. Sheehan</u> (ADDRESS) <u>210 W. Jackson Springfield Ill.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Springfield Ill.</u> DATE <u>April 21, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Albert H. Hoppe Inc.,</u> (ADDRESS) <u>4700 Washington Blvd.</u>		
20. FILED <u>APR 18 1939</u> <u>J. D. Budick</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-29-37, 1937, to 4-17, 1939

I first saw h. alive on 4-15, 1939. Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:
Hypertension
basilar artery sclerosis
& coronary atherosclerosis

Other contributory causes of importance: None

Name of operation None Date of 1939
What test confirmed diagnosis? X-ray & ECG Was there an autopsy? no 1935
4/14/39

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? no
If so, specify John J. Hammond M. D.
(Signed) John J. Hammond
(Address) 634 N. Grand Blvd. St. Louis Mo.

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

K. 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.

30M-9-1-38 X16605

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed

J. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address

St. Louis, Mo

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 this body is not embalmed, above space should be left blank.