

No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40491

State File No.

JAN 15 1940

Registration District No.

791

Primary Registration District No.

1008

Registrar's No.

10262

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Michael Shea

8. (b) If veteran, name war _____

3. (c) Social Security No. 489-16-5920

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Nov. 11 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Plasterer

11. Industry or business _____

12. Name James Shea

13. Birthplace Ireland
(State or foreign country)

14. Maiden name Johanna Shugrue

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Tim Shea

(b) Address 5910 Cote Brillante Ave.

17. (a) Burial (b) Date thereof 12-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) DEC 13 1940 (b) J.F. Beateck
(Date received local registers) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5910 Cote Brillante Ave.
(If rural, give location)
(e) ~~Person born in this State _____ years.~~

20. DATE OF DEATH: Month Dec. day 11
year 1940 hour 5. minute 30 p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia; Pneumococcic Meningitis.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury 5

23. Signature Alfred J. Perry (M. D. or other)

Address Deputy Coroner Date signed 12/15/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Fred Trick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

DEC 17 1950

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.