

No. 2  
1-10-39  
17-39  
X21492

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: St. Johns Hosp  
(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 Mary K Shea

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Maurice Shea 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 8 1896  
(Month) (Day) (Year)

8. AGE: 28 Years 7 Months 23 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business housework

12. Name Patrick Welsh

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

14. Maiden name Cath Annissey

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

16. (a) Informant Mrs. E. J. Hart

(b) Address 1961 Wellington

17. (a) Burial (b) Date thereof Jan 3 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Wm. J. Stewart

(b) Address 1725 Union St

19. (a) DEC 31 1940  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5320 Lake Brilliante  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31  
year 1940 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec 20 1940 to Dec 31 1940  
that I last saw her alive on 12-31 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death, Intestinal Obstruction  
probably carcinoma  
of colon  
Due to \_\_\_\_\_

Duration

10 days

Other conditions 11/60  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)  
(a) Means of injury \_\_\_\_\_

23. Signature Wm. J. Stewart (M. D. or other) M.P.  
Address 1900 S. Belt Date signed 12-31-40

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

MOTHER, FATHER

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**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

*Bernard R. J. Stuart*

Licensed Embalmer No. 3500

P. O. Address 1225 Union Bl

**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.**