

99 No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED OCT 18 1941

STANDARD CERTIFICATE OF DEATH

State File No. 29946
Registrar's No. 7285

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Days (Specify whether
In this community Birth (Specify whether
years, months or days)

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. 5062 Geraldine Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Josephine Shea

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jeremiah J Shea

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

7. Birth date of deceased April 14, 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 21
If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name John Schreiner
13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Not known
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary L. Shea
(b) Address 5062 Geraldine Ave

17. (a) Burial (b) Date thereof 9/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 361 East Fair Ave

19. (a) SEP 4 1941 (Date received local registrar)
(b) J. Biddeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4, year 1941 hour 7:05 minute P. M.

21. I hereby certify that I attended the deceased from August 21, 1941, to September 4, 1941, that I last saw her alive on September 4, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Infarct, General arteriosclerosis, Acute Myelogenous Leukemia
Due to
Due to
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy: alive

Duration

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) (c) Means of injury
23. Signature: J. Biddeck (M. D. or other) 9/5/41
Address: 1515 Lafayette Ave., Date signed

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

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 William G. Buchholz

Licensed Embalmer No. 2160

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, fact should be so stated above.