V. S. No. 2
50M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26194

Registrar's No. 6986

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jewish Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis

(c) City or town Webster Groves 7 NR.
(If outside city or town limits, write "RURAL")

(d) Street No. 644 Amelia Ave 7
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Edward Sheridan

3. (b) If veteran, name war

3. (c) Social Security No. 491-12-8676

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Delphine

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept (Month) 15th. (Day) 1866 (Year)

8. AGE: Years 75 Months 11 Days 3 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Salesman Boyds Clothing Co

MOTHER FATHER

12. Name Terrance Sheridan

13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

14. Maiden name Rose Tully

15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. Delphine Sheridan

(b) Address 644 Amelia Ave Webster Groves

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Rd

19. (a) AUG 19 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th year 1942 hour 6.03 minute A M

21. I hereby certify that I attended the deceased from April - 1936 4/19, 1936 to Aug - 17th, 1942 that I last saw him alive on Aug. 17th 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastric Hemorrhage	2 mos
Due to Ulcer Stomach	1 year
Due to Cardio-Vascular Disease	10 yrs
Other conditions (Include pregnancy within 3 months of death) Arteria-Sclerosis	10 yrs.

Major findings: Hydronephrosis. Calculus Bladder.
Of operations
Of autopsy Ulcer Stomach. Gall Stones. Bladder Stone. Hydro & Pyonephrosis.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Harry L. Siedlitz (M.D. or other)

Address 1034 No. Euclid Bldg. Date signed 8/20/42

(Licensed Embalmer's Statement on Reverse Side)

3869

Pa 2521

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 Jas Sizemore, Registered Apprentice No. 296, working under my personal supervision.

Signed Edward L Bockhorst

Licensed Embalmer No. 2502

P. O. Address Clayton 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.