

23490

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 24 1943 18

1003

Registration District No.

Primary Registration District No.

Registrar's No. 6407

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:
803 No 6 St
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 2500
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 803 No 6 St
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME

Bryan Sheehan

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex male 5. Color or race White

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife.....

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

7. Birth date of deceased abt

(Month) (Day) (Year) 1883

8. AGE:

Years 60 Months Days If less than one day hr. min.

9. Birthplace

(City, town, or county) (State or foreign country) Missouri

MOTHER FATHER

10. Usual occupation unknown

11. Industry or business

12. Name unknown

13. Birthplace

(City, town, or county) (State or foreign country) 9

14. Maiden name unknown

15. Birthplace

(City, town, or county) (State or foreign country) 9

16. (a) Informant James J. Ferguson

(b) Address 1300 Clark

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof July 15 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Potters Field

18. (a) Signature of funeral director Peeetz Brothers

3029 Lafayette Ave

(b) Address

19. (a)

JUL 15 1943
(Date received from registrar)

J. J. Predeck
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1943 hour 14 minute 25 P. M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocardial
Chronic Embolized Myocardial

Due to.....
Due to.....

Other conditions.....
(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.....
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..... 3

23. Signature Dr. J. J. Predeck (M. D. or other)
Address St. Louis Date signed 7/17/43

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.

Not Embalmed Dry Floater

Signed.....

Frank J. Owens

Licensed Embalmer No.....

2245

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.