

No. 2
-5-42
-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 19 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33547

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8937

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis
(c) Name of hospital or institution: City Sanitarium 2
(d) Length of stay: In hospital or institution 10 mos. 29 ds.
In this community 77 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 1210
(d) Street No. 4143 Pleasant
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARY ANN SHERIDAN
(b) If veteran, name war No (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 9, year 1943 hour 8.00 minute P. M.
21. I hereby certify that I attended the deceased from 11/9/42 to 10/8/43
that I last saw her alive on 10/8/43
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, sep. 6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 20, 1865

Immediate cause of death:
Atherosclerotic Heart Disease 1942x
Gangrene of Toes 2 ds.

8. AGE: Years 77 Months 9 Days 19 If less than one day hr. min.

9. Birthplace St. Louis, Missouri

10. Usual occupation Housekeeper

11. Industry or business

12. Name Andrew Sheridan
13. Birthplace unknown Ireland 4

14. Maiden name Bridget Lynn (State or foreign country)
15. Birthplace unknown Ireland 4

16. (a) Informant Thelma Singler
(b) Address 5400 Arsenal

17. (a) BURIAL (b) Date thereof 10-11-43
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director SULLIVAN BROS.
(b) Address OCT 10 1943 N. EUCLID AV.

19. (a) OCT 10 1943 (b) J. J. [Signature] (Registrar's signature)

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
(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 M. Moore (M.D. or other) MD
Address 5400 Arsenal St. Date signed 10/9/43

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

INSTRUCTIONS TO BE
FOLLOWED BY THE
EMBALMER

STATEMENT BY LICENSED EMBALMER

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..... *Albert Mayfield*

Licensed Embalmer No. *3077*

P. O. Address.....

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.