

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED MAY 9 1944 18

Registration District No. 1003

Registrar's No. 3999

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution Natural Bridge
(If outside city or town limits, write "RURAL" and name of township)

(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 000

(c) City or town St. Louis 17

(d) Street No. 3918 - Natural Bridge
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Catherine O Shea

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

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1944 hour 6:25 minute _____ A. M.

21. I hereby certify that I attended the deceased from April 10, 1943, to Apr 28, 1944
that I last saw her alive on Apr 27, 1944
and that death occurred on the date and hour stated above.

5. Color Female

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

6. (b) Name of husband or wife James H. Shea

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased May 7 1864
(Month) (Day) (Year)

Immediate cause of death Coronary Embolism Duration 36 hrs

Due to Hyperextension & myocarditis 4 yrs

Due to Rheumatic Heart disease 10 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 79 Months 11 Days 21 If less than one day _____ hr _____ min.

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation at home

11. Industry or business _____

12. Name James Benton

13. Birthplace Scotland

14. Maiden name Agnes McMillan

15. Birthplace Scotland

16. (a) Informant Catherine O Shea

(b) Address 3918 Natural Bridge

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Chas. S. Stewart

(b) Address 1725 Union Blvd

19. (a) APR 29 1944 (Date received local registrar)

(b) F. Redeker (Registrar's signature)

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)

(e) Means of injury _____

23. Signature J. J. Anderson (M. D. or other) MD

Address 4126 S. Sherwin Ave Date signed 4/28/44

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.....

John Oyanochi
.....
Licensed Embalmer No. *3398*

..... 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.