V. S. No. 2
DM—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2183

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4152

State File No.

FILED JAN 26 1946

Registration District No. 37

Primary Registration District No. 6076

Registrar's No. 203

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
1541 Odgen Avenue. /
(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 Missouri (b) County St. Louis 96

(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1541 Odgen Avenue. 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Clarence J. Sheehy.

3. (b) If veteran, name war None

3. (c) Social Security No. 326-10-5722

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August 1, ~~1899~~. 1898
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
~~46~~ 47	5	21	hr. min.

9. Birthplace Chicago Heights, Illinois. /
(City, town, or county) (State or foreign country)

10. Usual occupation Melter

11. Industry or business

FATHER
12. Name Dan Sheehy.
13. Birthplace Aurora Illinois. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Curtin.
15. Birthplace Aurora, Illinois. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Daniel G. Sheehy.
(b) Address Chicago Heights, Illinois.

17. (a) Removal (b) Date thereof 1-23-1946.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Aurora, Illinois.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) 1-23-46 (b) E. G. McGarran M.D. M.S.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st.
year 1946. hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 20, 1946, to Jan. 21, 1946
that I last saw him alive on Jan. 20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
LOBAR PNEUMONIA	8 DAYS.
Due to 107	
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
(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 Orville Avarte (M. D. or other) M.D.
Address 1194 Hodiamont Ave Date signed 1-21-46.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Orville O. White.

FEB 18 1946

MAR 6 1947

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.